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## ABSTRACT

This survey was conducted based on requests from local education agencies who wish to use models in creating their own needs assessment. The 39 sample forms and questionnaires included in this document represent pupil personnel services which are delivered through a variety of educational systems. The Illinois State Board of Education cannot endorse any of the instruments; they are being provided strictly as resource material. Priorities in programming should develop from identified needs of students, staff, administrators, and parents, ordered according to rational and defensible criteria. Decisions relating to what services are offered, who provides them, how they are delivered, and for whom they are designed should be based on objective data, systematically obtained. The following steps suggest basic guidelines for conducting a systematic needs assessment: (1) organize a planning group; (2) identify goals and the target group(s) to be surveyed; (3) determine the methodology to be used; (4) decide on followup procedures to be used if initial response rate is inadequate; (5) develop procedures for summarizing and interpreting needs assessment results; (6) plan how and to whom results should be disseminated; and (7) determine how needs assessment data are to be translated into programmatic goals and objectives. (Author/GK)

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Illinois  
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Needs  
Assessment

Pupil  
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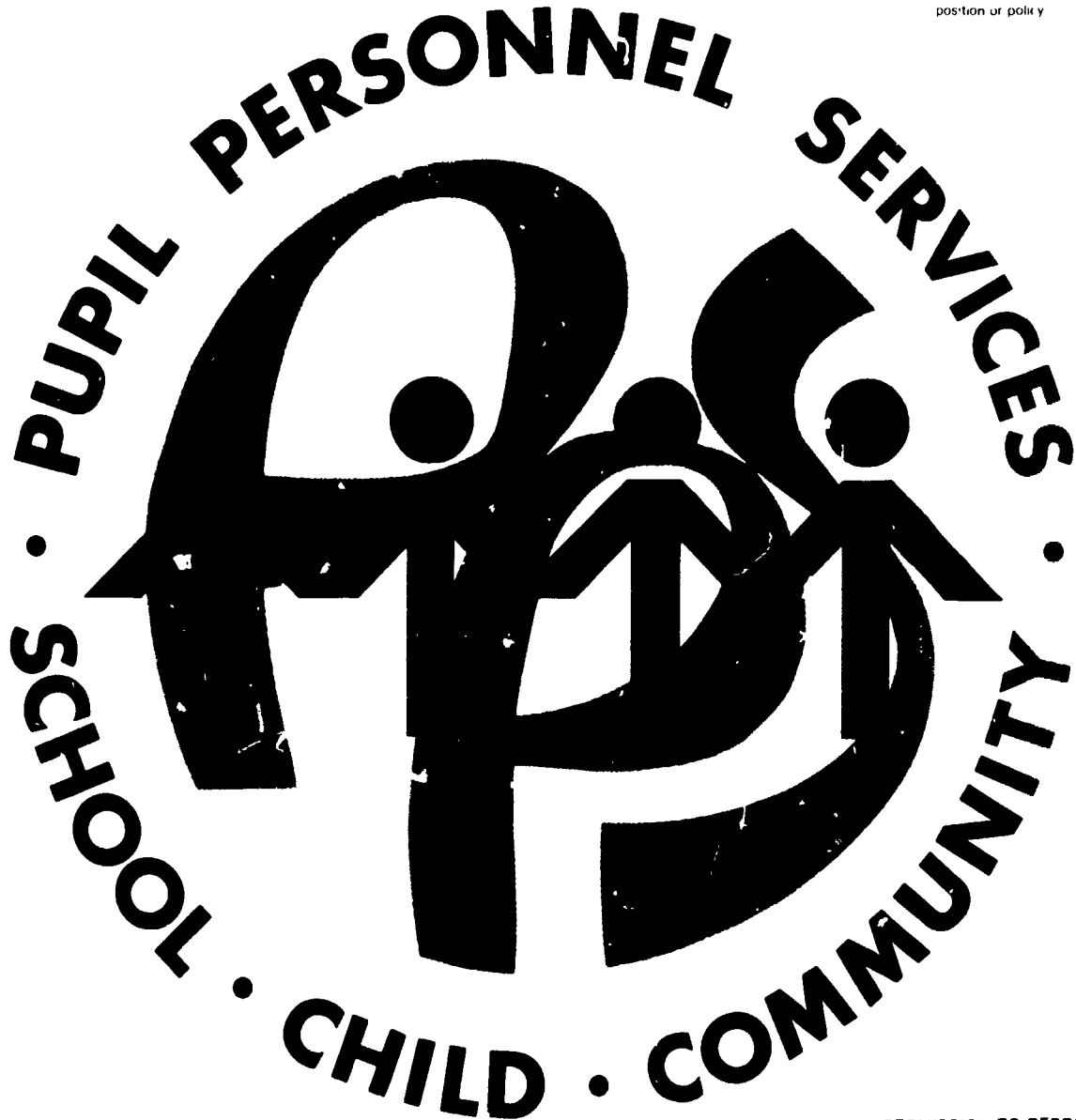
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## FOREWORD

As part of its continuing efforts to improve pupil personnel services in the state, the Illinois State Board of Education surveyed approximately 1300 local education agencies to locate working needs assessment forms. This effort is consistent with the State Board of Education policy (adopted June 25, 1981) of encouraging local education agencies to provide a comprehensive approach to pupil personnel services as an integral part of their total education program.

The principles underlying the policy statement provide the foundation for pupil personnel services to be based on a comprehensive needs assessment. They are as follows:

1. Pupil personnel services is an integral part of the total education program and should be organized and delivered for the purposes of helping all students achieve maximum benefits from the school program, and helping teachers, parents and other persons involved to provide optimum teaching and learning conditions for students.
2. State and local pupil personnel services programs should be comprehensive in scope, based on a periodic needs assessment of at least a representative sample of students, parents, staff and other interested parties, and should include provisions to document the extent and results of services provided to students, teachers, parents and others in the community. The local education agency should establish linkage with other community and regional resources to provide a coordinated and comprehensive approach to pupil personnel services.
3. Pupil personnel services should be designed to assure that the personal values of all program participants are respected.

The Illinois State Board of Education is grateful to the special education districts/agreements and school districts who generously provided their forms. Appreciation is also given to Mrs. Sheryl Poggi and Ms. Beth Bandy of the Department of Specialized Educational Services, for directing the effort.

It is anticipated that the forms included in this document will provide the impetus for local education agencies to review their needs assessment process and procedures. This review should then serve as the initial step toward providing comprehensive pupil personnel services to all children in Illinois.



Donald G. Gill  
State Superintendent of Education

## INTRODUCTION

This survey was conducted based on numerous requests from local education agencies who wish to use models in creating their own needs assessment for compliance with Section 4-2.21 of Illinois Program for Evaluation, Supervision and Recognition of Schools - State Board of Education Document Number 1. The forms included in this document represent pupil personnel services which are delivered through a variety of educational systems (e.g. special education agreements, rural and urban school districts, individual special education districts, etc.). The forms have not been reviewed according to any evaluative criteria nor has their usage been validated. Therefore, the State Board of Education cannot endorse any of the instruments. They are being provided strictly as resource material.

As districts peruse the instruments, it is important to keep in mind that the foundation of a comprehensive and effective pupil personnel services program is needs assessment. Priorities in pupil personnel services programming should develop from identified needs of students, staff, administrators, and parents, ordered according to rational and defensible criteria. Decisions relating to what services are offered, who provides them, how they are delivered, and for whom they are designed should be based on objective data, systematically obtained. Such systematic and ongoing data collection helps pupil personnel services remain relevant to changing environmental conditions and human needs.

In developing a procedure for assessing needs, pupil personnel leaders should consider how the process will fit into the total programmatic plan for the district. It is vital that the planning process involve other significant components of the total school programs.

Duplication of effort is one of the dangers that may occur in conducting needs assessment. Program planners within individual pupil personnel services disciplines, operating independently, may ask basically similar questions of the target groups. Well-coordinated efforts within a team framework can avoid this duplication, enhance communication, and provide more effective responses to identified needs.

Procedures for conducting needs assessments vary widely, depending on the type of school, the commitment to the process and available technical and financial support. The following steps suggest basic guidelines for conducting a systematic needs assessment:

1. Organize a planning group;
2. Identify goals and the target group(s) to be surveyed;
3. Determine the methodology to be used, i.e., survey instrument, personal interview;
4. Decide on followup procedures to be used if initial response rate is inadequate;
5. Develop procedures for summarizing and interpreting needs assessment results;
6. Plan how and to whom results should be disseminated;
7. Determine how needs assessment data are to be translated into programmatic goals and objectives.

Ideally, each local school district has adopted a set of system goals and student goals involving the contributions of all staff members, including pupil personnel workers. These goals statements indicate the long-range expectations of the school district and provide a sense of direction for school programs and services. Formal adoption of the goals by the local board of education implies broad community acceptance.

Pupil personnel service workers should play an integral part in developing broad goals and specific objectives for the services they perform. Objectives must be determined through team efforts to ensure understanding, cooperation and commitment on the part of those who are charged with their accomplishment.

An objective-based pupil personnel services program focuses systematically on the needs of students. It moves from a stance of "What are we going to do?" to "How can we best accomplish the broad goals and specific objectives developed from needs assessment data?"

Objectives stated in terms of measurable outcomes provide a focus for the integrated efforts of pupil personnel service team members and thus diminish or eliminate a disorganized approach to delivery of services. When understood and accepted by school and community members, precisely stated objectives help to clarify conflicting expectations in regard to what services pupil personnel service workers ought to be providing. The underlying aim of an objective-based pupil personnel program is that as many students as possible attain the desired program outcomes.

KKM:6857i

	Inservice	Counseling	Social Work	Psychology	Nursing/Health	Other	Students	Teachers	PPS Professionals	Parents	Other Related Service Personnel	Administration	
<b>Local School Districts</b>													
Argo Community High School 217		X					X						1-4
Chicago District 299		X	X	X		X			X	X			5-17
Community Consolidated Sch. Dist. 15		X	X	X				X				X	18-25
Forest Ridge School District 142			X	X		X		X			X	X	26-30
Fox River Grove C.S.D. 3	X							X	X		X	X	31
Johnsburg C.U.S.D. 12		X			X	X		X	X		X		32-39
Lawrence County C.U.D. 20		X	X	X	X			X					40-43
Marengo Consolidated Sch. Dist. 140		X	X	X	X			X		X		X	44
Northbrook District 27		X	X	X		X		X		X			45-61
Oak Park & River Forest District 200	X							X	X	X	X	X	62-63
Orland Park District 135	X	X	X	X	X	X		X	X			X	64-65
Palisades C.C.S.D. 180			X	X	X	X		X	X	X	X	X	66-68
Prairie Grove C.S.D. 46		X	X	X		X		X	X	X	X		69-75
Sterling C.U.D. 5		X					X						76
Warren Township High School 121		X	X	X	X	X			X		X		77-78
<b>Special Education Dist./Agreement</b>													
Alton C.U.S.D. 11	X	X	X	X	X	X		X	X	X	X	X	79-82
Aurora East Public Sch. Dist. 131	X	X	X	X	X	X	X	X	X	X	X	X	83-99
Bloomington District 87	X	X	X	X	X	X		X	X	X	X	X	100-102
Springfield District 186			X	X	X			X		X		X	103

\*Resource Information. A Checklist for Designing Needs Assessment Studies  
Alternative Approaches to Needs Assessment Identified  
in the Literature

104-108  
109-112

Provided by Black Hawk Area Special Education District

ARGO COMMUNITY HIGH SCHOOL DISTRICT 217  
7329 West 63rd Street  
Summit, Illinois 60501

Year: 9 10 11 12

STUDENT OPINION INVENTORY

Sex: M F

Part I Directions Rate how well you feel ACHS's current programs help students achieve the following goals using the following scale.

4. Very Well - little or no improvement needed
3. Reasonably Well - but some improvement needed
2. Fair - much improvement needed
1. Very Poorly - a major effort is needed to revise existing programs and/or develop new ones to achieve this goal.
0. No Opinion

	Very Well	Reasonably Well	Fair	Very Poorly	No Opinion
How Well Do ACHS's Current Programs Help Students.....					
1. develop their skills and abilities and achieve according to their potential?.....	4	3	2	1	0
2. develop a desire to learn?.....	4	3	2	1	0
3. develop the ability to make good decisions?.....	4	3	2	1	0
4. learn how to understand and deal with their own feelings in a positive way?.....	4	3	2	1	0
5. develop their ability to get along well with adults?.....	4	3	2	1	0
6. develop their ability to get along well with other teenagers?.....	4	3	2	1	0
7. develop habits and attitudes that contribute to good health?.....	4	3	2	1	0
8. understand American life and the workings of our democracy?.....	4	3	2	1	0
9. understand and be committed to social justice for all people?.....	4	3	2	1	0
10. become wise consumers?.....	4	3	2	1	0
11. become familiar with and appreciate literature, music, and art?.....	4	3	2	1	0
12. appreciate the role and value of work?.....	4	3	2	1	0
13. learn about career opportunities and requirements?.....	4	3	2	1	0
14. learn how to relate their abilities, interests, and values to various career opportunities and requirements?.....	4	3	2	1	0
15. make appropriate short and long range career plans?.....	4	3	2	1	0

Part II Directions Indicate how strongly you agree or disagree with each of the following statements as to how well you feel they describe you.

5. I Strongly Agree that this statement is very true of me.
4. I Agree that for the most part this statement is true of me.
3. I am Undecided or not sure about this statement as it applies to me.
2. I Disagree because for the most part this statement is not true of me.
1. I Strongly Disagree because this statement is not at all true of me.

How Well Do Each of the Following Describe You?.....	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I practice good study habits.....	5	4	3	2	1
2. I am happy and satisfied with the grades I earned last year.....	5	4	3	2	1
3. It is easy for me to pay attention in most of my classes.....	5	4	3	2	1
4. I usually do my written homework carefully and turn it in on time...	5	4	3	2	1
5. It is easy for me to concentrate while reading or studying.....	5	4	3	2	1
6. I usually can take good notes that help me learn.....	5	4	3	2	1
7. I am usually well-prepared to take a test.....	5	4	3	2	1
8. I try to plan and use my time well.....	5	4	3	2	1
9. I get along well with my father.....Does Not Apply...	5	4	3	2	1
10. I get along well with my mother.....Does Not Apply...	5	4	3	2	1
11. I get along well with my guardian(s)..... ..Does Not Apply...	5	4	3	2	1
12. I get along well with my brothers and sisters.....Does Not Apply...	5	4	3	2	1
13. I get along well with my teachers.....	5	4	3	2	1
14. I get along well with my counselor.....	5	4	3	2	1
15. I can make and keep friends easily.....	5	4	3	2	1
16. I try to take school seriously and enjoy it as much as possible.....	5	4	3	2	1
17. I try to either participate or attend school events and activities..	5	4	3	2	1
18. I think I know and like myself as a person.....	5	4	3	2	1



19. I have a lot of confidence in myself.....	5	4	3	2	1
20. I usually accept my mistakes and failures as a challenge to improve myself.....	5	4	3	2	1
21. I am <u>not</u> a follower.....	5	4	3	2	1
22. I have a good idea of what my abilities and career interests are....	5	4	3	2	1
23. I have explored information about several possible careers.....	5	4	3	2	1
24. I have a clear idea of what I am going to do after high school.....	5	4	3	2	1

Part III Directions: Indicate how interested you think you would be in participating in various school day programs.

4. Yes, Definitely
3. Probably
2. Maybe, not sure
1. No, Definitely Not

Yes, Definitely  
Probably  
Maybe, not sure  
No, Definitely Not

Would You Be Interested in Participating in a Program During the School Day That Would Help You.....

1. improve your study habits and grades?.....	4	3	2	1
2. improve your reading and writing skills?... ..	4	3	2	1
3. improve your math skills?.....	4	3	2	1
4. stay out of trouble in school?.....	4	3	2	1
5. get along better with your parents or guardians?.....	4	3	2	1
6. get along better with others your age and make friends more easily?... ..	4	3	2	1
7. improve your relationships with the opposite sex?.....	4	3	2	1
8. feel more sure of your self and increase your self-confidence?... ..	4	3	2	1
9. learn to accept your mistakes and failures as challenges to improve... ..	4	3	2	1
10. establish your own individuality and identify so you are not so easily influenced by others.....	4	3	2	1
11. learn more about career opportunities and requirements?.....	4	3	2	1
12. learn more about the connection between your abilities and interests and career opportunities and requirements?.....	4	3	2	1

13. learn more about the process involved in making good decisions?..... 4 3 2 1
14. develop short and long range educational and career goals and plans?.. 4 3 2 1

1. Please indicate what your three greatest problems or concerns are right now.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If there are any courses, programs, or services not currently being offered that you feel should be offered, what are they?

3. What do you like least about ACHS?

4. What do you like best about ACHS?

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CHICAGO SCHOOL DISTRICT 299  
228 North LaSalle Street  
Chicago, Illinois 60601

Questionnaire for Professionals in Guidance Services PPS-G80

Please respond to the questions below. Your individual answers will be held confidential and only grouped information will become public. The purpose in soliciting this information from you is to assess the needs for services. The information will be used by the various bureaus within Pupil Personnel Services to plan program. Thank you. If questions don't apply to you, leave them blank.

I. Background Information:

- Circle what district(s) you are in: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
- If you are citywide, check here \_\_\_\_\_, or if you work out of a Pupil Service Center, indicate which one here: \_\_\_\_\_
- How many years have you been appointed a professional in guidance? \_\_\_\_\_
- How many years have you been employed by the Chicago Board of Education in your present level of position? \_\_\_\_\_
- What is the age range of the students you work with? \_\_\_\_\_ to \_\_\_\_\_ yrs old
- On average, how many pupils do you serve per week? \_\_\_\_\_
- What number of pupils are you responsible for serving (include those in public, parochial and private schools in the total)? \_\_\_\_\_
- What approximate number of pupils are in special education programs at your school? \_\_\_\_\_
- Is there a bilingual program at your school? \_\_\_\_\_
- Is the number of transient students higher than average at the school? \_\_\_\_\_
- Check here if you are a \_\_\_\_\_ part-time or a \_\_\_\_\_ full-time counselor.

II. Effectiveness of Service as Currently Delivered:

- Do teachers in your school:
 

	Some	About	Most
	Yes	Don't	Half
			Don't

  - Identify pupils with needs in guidance? \_\_\_\_\_
  - Initiate guidance services for a pupil? \_\_\_\_\_
  - Implement recommendations of a counselor? \_\_\_\_\_
- In your opinion,
  - does service delivery in Chicago rank \_\_\_\_\_ above, \_\_\_\_\_ the same as, or \_\_\_\_\_ below that of other large cities? (Check one) (or \_\_\_\_\_ don't know)
  - do parents generally rate the delivery of guidance services as: \_\_\_\_\_ poor, \_\_\_\_\_ adequate, or \_\_\_\_\_ good?
  - do teachers in the classroom feel services are: \_\_\_\_\_ adequate, \_\_\_\_\_ inadequate?
  - do pupils view the guidance services as: \_\_\_\_\_ very helpful, \_\_\_\_\_ OK, \_\_\_\_\_ not helpful?
- Which of these problems hamper the effectiveness of your work?

Degree of Problem			No	
High	Med.	Low	Problem	
_____	_____	_____	_____	Infrequent inservices
_____	_____	_____	_____	availability of supplies
_____	_____	_____	_____	accessibility of pupil's files
_____	_____	_____	_____	Incompleteness of records
_____	_____	_____	_____	too much paperwork
_____	_____	_____	_____	duties unrelated to job description
_____	_____	_____	_____	Inappropriate expectations by others
_____	_____	_____	_____	relationships with principals or teachers
_____	_____	_____	_____	appointments not kept by others
_____	_____	_____	_____	delays in report preparation
_____	_____	_____	_____	procedures for P.L. 94-142
_____	_____	_____	_____	Inadequate facilities
_____	_____	_____	_____	too many regulations

Return completed form to Dept. of Res. & Eval. Room 204, Mail Rm 35

d. What areas have backlogs or waiting lists for service?

e. Are there guidance needs that can't be delivered with existing staff?

### III. Identifying Areas of Need:

a. What is the most crucial need in the guidance area? (Rank from 1 to 5; 1=Most Crucial Need)

- \_\_\_\_\_ additional personnel
- \_\_\_\_\_ inservice for teachers
- \_\_\_\_\_ new goals and objectives
- \_\_\_\_\_ improved working relationships
- \_\_\_\_\_ other: \_\_\_\_\_

b. From your experience in the field, is guidance service being provided to the groups listed below?

Selected Levels	Served	Under-Served	Not Served	Selected Special Areas	Served	Under-Served	Not Served
Preschool				TMH, EMH			
Primary				BD-ED, ERA			
Intermediate				Learning Disabled			
Upper Elem.				Physically Handicapped			
Ninth Grade				Blind			
Tenth & Eleventh				Deaf			
Seniors				Other: _____			

Selected Groups	Served	Under-Served	Not Served	Selected Populations	Served	Under-Served	Not Served
Expelled Students				Limited English Prof.			
Drop-outs, Potential Drop-outs				Racially/Culturally Different			
Pregnant Girls				Economically Disadvantaged			
Truants, Chronic Truants				Gifted and Talented			
Children in Legal Trouble				Other: _____			
Other: _____							

c. Please answer YES, NO, or Don't Know:

1. Should the number of personnel delivering guidance services be increased? \_\_\_\_\_
  2. Can increases be justified on the basis of numbers of pupils to be served? \_\_\_\_\_
  3. Can increases be justified by the goal of greater intensity of services? \_\_\_\_\_
  4. Should service be expanded beyond those currently being served? \_\_\_\_\_
  5. Should the goal or direction of service in guidance be changed? \_\_\_\_\_
- If YES, indicate new goal or direction or who else should receive service: \_\_\_\_\_

- d. Describe three types of cases below. One which reflects a situation in which your service as a counselor is usually successful, a second in which you are only sometimes effective, and a third that frustrates you because your service rarely helps.

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IV. Ways that service delivery might be improved: (Please give specific suggestions where possible)

- a. What in-service help do teachers need in using or understanding guidance services?
- b. What information do parents need so that their children can benefit from guidance services?
- c. What task that is not now part of this service area should be added so that the effectiveness of service to students is increased?
- d. Are there any existing service goals that are not being implemented?
- e. Are there activities that could be dropped without decreasing the effectiveness of service?
- f. At any given time, what pupil/counselor ratio will maximize the quality of service to a population while still being affordable? \_\_\_\_\_
- g. Should the way guidance is administered be changed to improve delivery of services? \_\_\_\_\_  
How?
- h. What is the most important function of a guidance counselor? How could this function be improved?

V. Projecting to Future Needs for Services:

- a. Are there any trends that you see developing that will result in a new or expanded service need in guidance in the next two to three years?
- b. What new improved program in guidance and counseling would you like to be involved in by the year 1985? Describe the essentials:

# Questionnaire for Professionals in School Social Work RPS-SW81

Please respond to the questions below. Your individual answers will be held confidential and only grouped information will become public. The purpose in soliciting this information from you is to assess the needs for services. The information will be used by the various bureaus within Pupil Personnel Services to plan program. If questions don't apply to you, leave them blank. Thank you for your assistance.

## I. Background Information:

- Circle what district(s) you are in: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
- Check whether you are Certified by: State Type 73 \_\_\_ Bd of Ed \_\_\_ State CSW \_\_\_
- How many years have you been employed by the Chicago Board of Education in the position of social worker? \_\_\_ yrs.
- What is the age range of the students you work with? \_\_\_ to \_\_\_ yrs old
- How many schools do you serve? Elementary \_\_\_ High School \_\_\_ Not Applicable \_\_\_
- On average, how many referrals do you receive per week? \_\_\_  
how many direct service contacts to students do you make per week? \_\_\_  
how many direct service contacts to parents do you make per week? \_\_\_
- Check if there are bilingual programs \_\_\_ or special education programs \_\_\_ at most of the schools you serve. Not Applicable \_\_\_

## II. Effectiveness of Service as Currently Delivered:

- Do the people at the schools you serve:
 

	Yes	Some Don't	About Half	Most Don't
1) make referrals in a timely manner?	___	___	___	___
2) provide sufficient information to you?	___	___	___	___
3) implement recommendations that you make?	___	___	___	___
- In your opinion,
  - do pupils view the social worker: very helpful \_\_\_, OK \_\_\_, or not helpful \_\_\_?
  - do parents generally rate the services of the social workers as poor \_\_\_, adequate \_\_\_, or good \_\_\_?
  - do teachers in the classroom feel services are adequate \_\_\_ or inadequate \_\_\_?
- Which of these problems hamper the effectiveness of your work?

Level of Problem			No Problem
High	Med.	Low	

___	___	___	___	infrequent inservices
___	___	___	___	availability of supplies
___	___	___	___	Accessibility of pupils's files
___	___	___	___	incompleteness of records
___	___	___	___	too much paperwork
___	___	___	___	duties unrelated to job description
___	___	___	___	unrealistic expectations by others
___	___	___	___	relationships with principals or teachers
___	___	___	___	commitments not kept by others
___	___	___	___	delays in report preparation
___	___	___	___	procedures for P.L. 94-142
___	___	___	___	inadequate facilities
___	___	___	___	too many regulations
___	___	___	___	lack of clerical help
___	___	___	___	no standardization in the forms used
___	___	___	___	large caseload to be covered
___	___	___	___	too much emphasis on number of contacts
___	___	___	___	availability of confidential work space
___	___	___	___	access to phone
___	___	___	___	misunderstanding of job role

- Is the coordinator - social worker relationship a satisfactory setup for supervision of the work? Yes \_\_\_ No \_\_\_
- Do you experience an overload, a shortage of work, or a proper amount of work in the schools you are expected to serve?

f. What needs for social worker services are there that can't be delivered with existing staff?  
Describe:

### III. Identifying Areas of Need:

a. What is the most crucial need within the area of social work services?  
(Rank the items below from 1 to 5; where 1=Most Crucial Need)

- \_\_\_\_\_ additional personnel
- \_\_\_\_\_ inservice for teachers, counselors and administrators
- \_\_\_\_\_ new goals and objectives
- \_\_\_\_\_ improved working relationships
- \_\_\_\_\_ other: \_\_\_\_\_

b. From your experience in the field, how adequate is service to the pupils listed below?

Selected Levels	Served	Under-Served	Not Served	Selected Special Areas	Served	Under-Served	Not Served
Abused or Neglected Children				TMH, EMH			
Non-enrolled school-age				BD-ED, ERA			
Intermediate				Learning Disabled			
Upper Elem.				Physically Handicapped			
Ninth Grade				Blind			
10th & 11th				Deaf			
Seniors				Other: _____			
Selected Groups				Selected Populations			
Expelled Students				Limited English Prof.			
Drop-outs, Potential Drop-outs				Racially/Culturally Different			
Pregnant Girls				Economically Disadvantaged			
Truants, Chronic Truants				Gifted and Talented			
Children in Legal Trouble				Other: _____			
Other: _____							

c. Please answer YES, NO, or Don't Know:

1. Should the number of personnel in School Social Work Service be increased? \_\_\_\_\_
  2. Can increases be justified on the basis of numbers of pupils to be served? \_\_\_\_\_
  3. Can increases be justified by the goal of greater intensity of services? \_\_\_\_\_
  4. Should service be expanded beyond those currently being served? \_\_\_\_\_
  5. Should the goal or direction of service in social work be changed? \_\_\_\_\_
- If YES, indicate new goal or direction or who else should receive service: \_\_\_\_\_

- d. Describe three types of cases below. One which reflects a situation in which your services as the social worker are usually successful, a second in which you are only sometimes effective, and a third that frustrates you because your service rarely helps.

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IV. Ways that service delivery might be improved. (Please give specific suggestions where possible)

- a. What inservice help do teachers need in using or understanding your services?
- b. What information do parents need so that their children can benefit from social work services?
- c. What task that is not now part of this service area should be added so that the effectiveness of service to students is increased?
- d. Are there any existing service goals that are not being implemented?
- e. Are there activities that could be dropped without decreasing the effectiveness of service?
- f. At any given time, what pupil/social worker ratio will maximize the quality of service to a population while still being affordable? \_\_\_\_\_
- g. Should the administration of social work be changed to improve the delivery of services? \_\_\_\_\_  
How?
- h. What is the most important function of a social worker? and How could this function be improved?

V. Projecting to Future Needs for Services:

- a. Are there any trends that you see developing that will result in a new or expanded service need in school social work services in the next two or three years?
- b. What new improved program in school social work service would you like to be involved in by the year 1985? Describe the essentials:

(Thank you. Please return the survey in the envelope to Room 204, Dept. of Research, Evaluation & Long Range Planning, Bldg. Run 35.)



# Questionnaire for Professionals In Psychological Service PPS-PSY81

Please respond to the questions below. Your individual answers will be held confidential and only grouped information will become public. The purpose in soliciting this information from you is to assess the needs for services. The information will be used by the various bureaus within Pupil Personnel Services to plan programs. Thank you. If questions do not apply to you, leave them blank.

## I. Background Information:

- A. Circle the district(s) in which you are working: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
- B. If you are citywide (Central Office) check here \_\_\_\_\_; or if you work in a Special Program, indicate which one here: \_\_\_\_\_
- C. How many years have you been employed as an Illinois certified school psychologist? \_\_\_\_\_
- D. How many years have you been employed by the Chicago Board of Education since being certified as a psychologist by the Board of Examiners? \_\_\_\_\_
- E. What is the age range of the students with which you work? \_\_\_\_\_ to \_\_\_\_\_ years old
- F. Do your responsibilities include service to students enrolled in parochial and private schools? \_\_\_\_\_
- G. On the average, how many students do you serve per week? \_\_\_\_\_
- H. During a calendar year, what is the approximate number of students referred to you as possible candidates for special education? \_\_\_\_\_
- I. Do you evaluate limited or non-English speaking students? \_\_\_\_\_

Seldom or Never    Up to Half Your Load    More than Half    Usually or Always

## II. Effectiveness of Service as Currently Delivered:

### A. Do school personnel in your schools:

- |                                                             | Yes   | Some Don't | About Half | Most Don't |
|-------------------------------------------------------------|-------|------------|------------|------------|
| 1) Identify students with needs for psychological services? | _____ | _____      | _____      | _____      |
| 2) Initiate written referrals for identified students?      | _____ | _____      | _____      | _____      |
| 3) Utilize the results of the psychological evaluation?     | _____ | _____      | _____      | _____      |

### B. In your opinion,

- 1) do psychological services in Chicago rank: (check one)  
Above \_\_\_\_\_, The same as \_\_\_\_\_, or Below \_\_\_\_\_ that of other large cities? Don't Know \_\_\_\_\_
- 2) do parents generally rate the delivery of psychological services as:  
Good \_\_\_\_\_, Adequate \_\_\_\_\_, or Poor \_\_\_\_\_ Don't Know \_\_\_\_\_
- 3) do teachers in the classroom feel psychological services are:  
Good \_\_\_\_\_, Adequate \_\_\_\_\_, or Inadequate \_\_\_\_\_ Don't Know \_\_\_\_\_
- 4) do students view the psychological services as:  
Very Helpful \_\_\_\_\_, OK \_\_\_\_\_, Not Helpful \_\_\_\_\_ Don't Know \_\_\_\_\_

### C. Please answer YES, NO, or DON'T KNOW

- 1) Should the number of psychologists be increased? \_\_\_\_\_
- 2) Can an increase be justified on the basis of numbers of students to be served? \_\_\_\_\_
- 3) Can an increase be justified by the goal of giving more intensive service? \_\_\_\_\_
- 4) Should the goal or direction of psychological service be changed? \_\_\_\_\_  
If yes, indicate new goal or direction or who else should receive service: \_\_\_\_\_

### D. Describe three types of cases below. One which reflects a situation in which your services as a psychologist are usually successful, a second in which you are only sometimes effective, and a third that frustrates you because your services rarely help.

--	--	--

### III. Areas of Need:

A. What is the most crucial need in psychological services? (Rank these from 1 to 5, where 1=most crucial need)

- \_\_\_\_\_ additional personnel
- \_\_\_\_\_ inservices for staff
- \_\_\_\_\_ clear goals and objectives
- \_\_\_\_\_ improved working relationships
- \_\_\_\_\_ other ( \_\_\_\_\_ )

B. From your experience in the field, are psychological services being delivered to the groups listed below? (Check the items below as appropriate.)

	SERVED	UNDER-SERVED	NOT SERVED	OVER-SERVED		SERVED	UNDER-SERVED	NOT SERVED	OVER-SERVED
<b>Selected Levels</b>					<b>Selected Special Areas</b>				
Preschool	_____	_____	_____	_____	TMH, EMH	_____	_____	_____	_____
Primary	_____	_____	_____	_____	BD-ED, ERA	_____	_____	_____	_____
Intermediate	_____	_____	_____	_____	Learning Disabled	_____	_____	_____	_____
Upper Elem.	_____	_____	_____	_____	Physically Handi- capped	_____	_____	_____	_____
Ninth Grade	_____	_____	_____	_____	Blind	_____	_____	_____	_____
10th & 11th	_____	_____	_____	_____	Deaf	_____	_____	_____	_____
Seniors	_____	_____	_____	_____	Other: _____	_____	_____	_____	_____
<b>Selected Groups</b>					<b>Selected Populations</b>				
Drop-outs, Potential	_____	_____	_____	_____	Limited English Prof.	_____	_____	_____	_____
Pregnant Girls	_____	_____	_____	_____	Racially/Culturally Different	_____	_____	_____	_____
Truants	_____	_____	_____	_____	Economically Dis- advantaged	_____	_____	_____	_____
Chronic Truants	_____	_____	_____	_____	Gifted and Talented	_____	_____	_____	_____
Children in Legal Trouble	_____	_____	_____	_____	Other: _____	_____	_____	_____	_____

C. Which of these problems hamper the effectiveness of your work?

Level of Problem No  
High Med. Low Problem

_____	_____	_____	_____	insufficient clerical (typing) support
_____	_____	_____	_____	infrequent inservices
_____	_____	_____	_____	unavailability of supplies
_____	_____	_____	_____	inaccessibility of student's files
_____	_____	_____	_____	incompleteness of records
_____	_____	_____	_____	too much paperwork
_____	_____	_____	_____	lack of opportunity to attend professional conferences
_____	_____	_____	_____	duties unrelated to job description
_____	_____	_____	_____	inappropriate expectations by others
_____	_____	_____	_____	relationships with principals or teachers
_____	_____	_____	_____	appointments not kept by others
_____	_____	_____	_____	few opportunities to apply unique or newly acquired skills
_____	_____	_____	_____	procedures for P.L. 94-142
_____	_____	_____	_____	inadequate testing facilities
_____	_____	_____	_____	too many regulations
_____	_____	_____	_____	poorly organized MDSC (staffings)
_____	_____	_____	_____	inappropriate referrals
_____	_____	_____	_____	lack of understanding of your role by others
_____	_____	_____	_____	insufficient psychological supervision

IV. Ways in which service delivery might be improved: (Please give specific suggestions where possible)

- A. What inservice help do teachers need in using or understanding psychological services?
- B. What information do parents need so that their children can benefit from psychological services?
- C. What function(s), that is not now a part of this service area, should be added so that the effectiveness of service to students is increased?
- D. Are there activities that could be dropped without decreasing the effectiveness of service?
- E. At any given time, what student/psychologist ratio will maximize the quality of service to a population while still being affordable?
- F. What is the most important function of a school psychologist? How could this be improved?
- G. Should psychologists be certified to function at different levels based on training and experience?

V. Projecting to Future Needs for Services:

- A. Are there any trends that you see developing that will result in a new or expanded service need in psychological services in the next two to three years?
- B. What new improved program in psychological service would you like to be involved in by the year 1985? Describe the essentials:

(Thank you. Please return the survey in the envelope to Room 204, Dept. of Research, Evaluation & Long Range Planning, Hall Run 35.)

# Survey of Parents of School Pupils in Chicago

Please take the time to help us by answering the questions on this page. Your opinion will be used by Pupil Personnel Services to plan programs. Thank you.

## I. Background Information (You do not need to give your name.)

- How many years have you and your family lived in Chicago? \_\_\_\_ yrs
- How many children do you have in school? \_\_\_\_
- What are their ages? \_\_\_\_ yrs \_\_\_\_ yrs \_\_\_\_ yrs \_\_\_\_ yrs \_\_\_\_ yrs
- Are any of your children in special education? \_\_\_\_

## II. Questions on services for pupils in general:

### a. Which of the services below do you as a parent value?

Highest Value	Middle Value	Lower Value
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___

- the work of the truant officer to investigate absences and get kids back into school 16
- the efforts of the drop-out prevention programs to keep the teenagers interested in education
- the guidance by counselors so that students learn about themselves and their relationships with others, and plan for their careers
- the services by the psychologist to assist parents and teachers to understand children
- the help of social workers for those parents having some trouble with their children 26

### b. Are there any services in the list below that you would cut to save taxpayers money?

Yes, this costs too much	Yes, but with re-se-- variations	No, I don't know	No, this is worth-while	No, this should be expanded
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

- Guidance and counseling services 21
- Psychological services
- Drop-out prevention services
- Truancy and attendance services
- Social worker services

### c. Which other services to pupils ought to be expanded as a way of improving the education of pupils in Chicago? 26

## III. Questions on services for your school-age pupils:

### a. Which of these have your children needed or used?

	Never	Once	Sometimes	Frequently
Psychologist	___	___	___	___
Social Worker	___	___	___	___
Truant Officer	___	___	___	___
Guidance Counselor	___	___	___	___
Drop-out Prevention	___	___	___	___

### b. Which of these services would you personally like to see increased or decreased?

Increase this	Keep as is	Reduce this
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___

- give information on education, career and job opportunities 28
- help pupils solve personal and social problems
- investigate causes of non-attendance
- explain ways to limit truancy at a school
- help teachers identify children with problems
- study pupils to place them in best environment
- direct families to social service agencies
- solve specific problems that interfere with schooling
- inform teachers of alternatives for drop-outs
- help ease pupils' way back into school
- help parents to work more effectively with their child 42

### c. What other school-related service would you consider helpful to your children? 43

If you want to make other comments about service needs for pupils or parents, please use the back of this sheet. Return this survey in the enclosed envelope to Long Range Planning, Dept. of Research, Evaluation & Long Range Planning, 2021 North Burling St., Chicago 60614. Thank you again.

Encuesta sobre los Padres de Estudiantes en las Escuelas en Chicago

Por favor, tome su tiempo para ayudarnos a contestar estas preguntas. Sus opiniones serán utilizadas por el Departamento de Servicios Personal de Estudiantes, para desarrollar programas. Gracias.

I. Información de su antecedente (No es necesario escribir su nombre.)

- a. ¿Cuántos años hacen que Usted y su familia residen en Chicago?  
\_\_\_\_\_ años
- b. ¿Cuántos niños tienen en la escuela? \_\_\_\_\_
- c. ¿Edad de cada niño? \_\_\_\_\_ años \_\_\_\_\_ años \_\_\_\_\_ años \_\_\_\_\_ años
- d. ¿Están algunos de sus niños en el programa de Educación Especial?  
\_\_\_\_\_

II. Preguntas en general sobre los servicios para estudiantes:

- a. ¿Cuáles de estos servicios mencionados en la encuesta usted como padre/madre valoriza?

Valor      Valor      Valor  
Superior   Intermedio   Inferior

- |       |       |       |                                                                                                                                                       |
|-------|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | _____ | 1. el trabajo del vigilante escolar (truant officer) para investigar las ausencias del estudiante y regresarlo a la escuela                           |
| _____ | _____ | _____ | 2. el esfuerzo del programa de prevención de deserción del estudio (drop-out prevention), para mantener al estudiante interesado en la educación      |
| _____ | _____ | _____ | 3. la orientación por el consejero para instruir a los estudiantes sobre ellos mismos y las relaciones con otros; y planear el futuro de sus carreras |
| _____ | _____ | _____ | 4. los servicios ofrecidos por el psicólogo para ayudar a padres y maestros al entendimiento de sus hijos                                             |
| _____ | _____ | _____ | 5. ayuda dada por los trabajadores sociales a esos padres que tienen problemas con sus hijos.                                                         |

- b. ¿Hay algunos servicios en la lista debajo lo cuál le gustaría eliminar para ahorrarles dinero a las personas que pagan impuestos?
- |                                                                     | Sí, cuesta mucho | Sí, pero sería una lástima | No sé | No, este servicio tiene mucho valor | Necesitamos más de estos servicios |
|---------------------------------------------------------------------|------------------|----------------------------|-------|-------------------------------------|------------------------------------|
| 1. El sistema de orientación y servicios de consejería              | _____            | _____                      | _____ | _____                               | _____                              |
| 2. Servicios psicológicos                                           | _____            | _____                      | _____ | _____                               | _____                              |
| 3. Prevención de deserción de los estudiantes (drop-out prevention) | _____            | _____                      | _____ | _____                               | _____                              |
| 4. Servicios de vigilancia escolar (truant officer) y asistencia    | _____            | _____                      | _____ | _____                               | _____                              |
| 5. Servicios de trabajadores sociales                               | _____            | _____                      | _____ | _____                               | _____                              |
- c. ¿Cuáles de estos servicios para los estudiantes cree Usted que deben ser extendido como forma de mejorar la educación de los estudiantes en Chicago?

### III. Preguntas sobre los servicios de sus niños de edad escolar:

- a. ¿Cuáles de estos servicios sus niños necesitaron o usaron?

	<u>Nunca</u>	<u>Una vez</u>	<u>algunas veces</u>	<u>Frecuentemente</u>
Psicólogo	_____	_____	_____	_____
Trabajadores Sociales	_____	_____	_____	_____
Vigilante Escolar (Truant Officer)	_____	_____	_____	_____
Consejero de Orientación	_____	_____	_____	_____
Prevención de Deserción de los Estudiantes (drop-outs)	_____	_____	_____	_____

b, ¿Cuáles de estos servicios le gustaría a Usted personalmente que fuera aumentado?

Aumentar este	Mantenerlo como está	Reducir este	
_____	_____	_____	ofrecer información sobre educación, carreras y oportunidades de trabajo
_____	_____	_____	ayudar a los estudiantes a resolver problemas sociales
_____	_____	_____	investigar las causas de ausencia
_____	_____	_____	explicar la forma como disminuir el problema de ausencias en la escuela
_____	_____	_____	ayudar a los maestros a identificar los estudiantes con problemas
_____	_____	_____	dirigir las familias a agencias de servicios sociales
_____	_____	_____	resolver problemas específicos que interfieren con la enseñanza
_____	_____	_____	informar a los maestros sobre alterna- tivas para desertores de la escuela (drop-outs) ayudar a facilitar el re- greso del estudiante a la escuela
_____	_____	_____	ayudar a los padres a trabajar más eficazmente con sus hijos

c. ¿Qué otros servicios relacionados a la escuela Usted considera más útiles para sus hijos?

Si desea hacer algún comentario sobre la necesidad de servicios para estu-  
diantes o padres, favor de usar la parte posterior de esta página. Regrese esta  
encuesta en el sobre adjunto al Department of Research, Evaluation and Long Range  
Planning, 2021 N. Burling St., Chicago, Ill. 60614. Nuevamente Gracias.

Community Consolidated School District 15  
505 South Quentin Road  
Palatine, Illinois 60067

K-6 GUIDANCE QUESTIONNAIRE

To assist us in the evaluation of the guidance program please complete this questionnaire and return it to \_\_\_\_\_ at the District Office by \_\_\_\_\_

1. What guidance activities and materials have you used this year?

DUSO \_\_\_\_\_

FOCUS \_\_\_\_\_

TA for Tots \_\_\_\_\_

Guidance Handouts \_\_\_\_\_

Free to Be You and Me \_\_\_\_\_

Sound Filmstrips \_\_\_\_\_

Guidance Films \_\_\_\_\_

2. Which guidance activities and materials do you feel have been most effective for your class? \_\_\_\_\_

3. Do you feel that the guidance activities and materials help your students develop a positive self concept?

Very Much

Somewhat

Not at All

4. Do you feel that the guidance activities and materials help your students learn to use problem solving techniques?

Very Much

Somewhat

Not at All

5. Do you feel that the guidance activities and materials help your students to get along better with their peers?

Very Much

Somewhat

Not at All

6. Do you feel that the guidance activities and materials help your students understand the concept of respect and responsibility?

Very Much

Somewhat

Not at All

7. Do you have suggestions to offer for the improvement of the guidance program in your building? \_\_\_\_\_



Q #1

PSYCHOLOGICAL SERVICES

Building \_\_\_\_\_

Service rendered:

Examination \_\_\_\_\_

Consultation \_\_\_\_\_

Team Meeting  
(In-house staffing, review of cases, etc.) \_\_\_\_\_

Please use the following rating scale:

- 1 -- thoroughly
- 2 -- adequately
- 3 -- minimally
- 4 -- inadequately

1. In your opinion, to what extent was assessment of intellectual functioning communicated to participants of staff and parent conference?

1    2    3    4    does not apply

2. In your opinion, to what extent was assessment of personality development communicated to participants of staff and parent conference?

1    2    3    4    does not apply

3. In your opinion, were recommendations specific and realistic?

1    2    3    4    does not apply

4. In your opinion, did this service provide a basis for the teacher to deal with the child more effectively?

1    2    3    4    does not apply

5. In your opinion, did the service provide the parents with greater understanding of their child and thus a basis for them to deal more effectively with him?

1    2    3    4    does not apply

6. If you feel some additional service could, or should, have been rendered as part of this service, please indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this.

Please mail to:

Q #2 (color coded)

### Psychological Services

Relative to the psychological examination just completed in your building, please use the following rating scale to evaluate the service:

- 1 - thoroughly
- 2 - adequately
- 3 - minimally
- 4 - inadequately

1. In your opinion, to what extent was assessment of intellectual functioning communicated to participants of staff and parent conference?

1    2    3    4    does not apply

2. In your opinion, to what extent was assessment of personality development communicated to participants of staff and parent conference?

1    2    3    4    does not apply

3. In your opinion, were recommendations specific and realistic?

1    2    3    4    does not apply

4. In your opinion, did this service provide a basis for the teacher to deal with the child more effectively?

1    2    3    4    does not apply

5. In your opinion, did the service provide the parents with greater understanding of their child and thus a basis for them to deal more effectively with him?

1    2    3    4    does not apply

6. If you feel some additional service could, or should, have been rendered as part of this service, please indicate: \_\_\_\_\_

---

---

---

Thank you for completing this.

Please mail to:

BZ:dw

Q #1

## PSYCHOLOGICAL SERVICES

Building \_\_\_\_\_

Service rendered:

Examination \_\_\_\_\_

Consultation \_\_\_\_\_

Team Meeting  
(In-house staffing, review of cases, etc.) \_\_\_\_\_

Please use the following rating scale:

- 1 -- thoroughly
- 2 -- adequately
- 3 -- minimally
- 4 -- inadequately

1. In your opinion, to what extent was assessment of intellectual functioning communicated to participants of staff and parent conference?

1    2    3    4    does not apply

2. In your opinion, to what extent was assessment of personality development communicated to participants of staff and parent conference?

1    2    3    4    does not apply

3. In your opinion, were recommendations specific and realistic?

1    2    3    4    does not apply

4. In your opinion, did this service provide a basis for the teacher to deal with the child more effectively?

1    2    3    4    does not apply

5. In your opinion, did the service provide the parents with greater understanding of their child and thus a basis for them to deal more effectively with him?

1    2    3    4    does not apply

6. If you feel some additional service could, or should, have been rendered as part of this service, please indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this.

Please mail to:

Q #2 (color coded)

Psychological Services

Relative to the psychological examination just completed in your building, please use the following rating scale to evaluate the service:

- 1 - thoroughly
- 2 - adequately
- 3 - minimally
- 4 - inadequately

1. In your opinion, to what extent was assessment of intellectual functioning communicated to participants of staff and parent conference?

1    2    3    4    does not apply

2. In your opinion, to what extent was assessment of personality development communicated to participants of staff and parent conference?

1    2    3    4    does not apply

3. In your opinion, were recommendations specific and realistic?

1    2    3    4    does not apply

4. In your opinion, did this service provide a basis for the teacher to deal with the child more effectively?

1    2    3    4    does not apply

5. In your opinion, did the service provide the parents with greater understanding of their child and thus a basis for them to deal more effectively with him?

1    2    3    4    does not apply

6. If you feel some additional service could, or should, have been rendered as part of this service, please indicate: \_\_\_\_\_

---

---

---

Thank you for completing this.

Please mail to:

BZ:dw

TO: Teachers

FROM: Dept. of Special Services

The Dept. of Special Services is in the process of doing a self-evaluation to determine the extent of services offered and how these can be improved.

We would appreciate an evaluation of the social work service in your building and comments on how this has been or could be more helpful to you.

I. I have worked with the social worker regarding children in my classroom.

This year

Several years

Not at all

Comment \_\_\_\_\_

II. I feel that conferring with the social worker has helped me better understand how emotional factors can influence a child's behavior in the school setting.

Seldom

Usually

Very often

Comment \_\_\_\_\_

III. I believe that the relationship with the social worker has contributed to changes in the behavior of individual children

Hardly at all

Usually

Very noticeably

Comment \_\_\_\_\_

IV. I feel that the relationship with the social worker has been a meaningful one to the children with whom the social worker has worked.

Very little

Usually

Very noticeably

Comment \_\_\_\_\_

- V. I feel that the social worker has offered support to me in working with children in the classroom.

Hardly at all

Moderately

Very much

Comment \_\_\_\_\_  
\_\_\_\_\_

TO: Principals

FROM: Dept. of Special Services

As you are aware, the Dept. of Special Services is doing a self-evaluation to determine the extent of services offered and how these can be improved.

We would appreciate your evaluation of the social work service in your building. We would especially like comments on ways of being of greater service.

- I. The amount of social work time allotted to your building in proportion to your students' needs is

	<u>Sufficient</u>	<u>Insufficient</u>
A. <u>Direct work with children</u>		
B. <u>Classroom observation</u>		
C. <u>Conferring with principal</u>		
D. <u>Conferring with teachers</u>		
E. <u>Conferring with parents</u>		
F. <u>Presenting or taking part in inservice</u>		

Comment \_\_\_\_\_

- II. The teachers in your building are aware of the social work service

Hardly any of them      Some of them      A majority      All teachers

Comment \_\_\_\_\_

- III. Social work services are being utilized by teachers or other school personnel in your building.

Limited extent      Moderate extent      Full extent

Comment \_\_\_\_\_

- IV. The social work service provided in your building has an effect on the individual children served.

Not perceived      Has some effect      Has noticeable effect

Comment \_\_\_\_\_

- V. The referral process for social work in your building is operating effectively.

Yes      No

Comment \_\_\_\_\_

VI. Social work service has been involved with school personnel in planning for children

Little involvement

Some involvement

Significant  
involvement

Comment \_\_\_\_\_

VII. What further contribution could social work make to provide a more valuable service in your building?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SOCIAL WORKER'S  
MONTHLY STATISTICAL REPORT

<u>Month and Year</u>	<u>Name</u>
-----------------------	-------------

1. Schools served	Number of Students
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Total active case load \_\_\_\_\_  
 Total students served this year \_\_\_\_\_

3. New referrals

	<u>Psychologist</u>	<u>Teacher or Principal</u>	<u>Self</u>	<u>Other</u>
K - 6	_____	_____	_____	_____
7 - 8	_____	_____	_____	_____
Totals	_____	_____	_____	_____

4. Interviews

A. Individual Students	_____
B. Parents	_____
C. Principals	_____
D. Teachers	_____
E. Other School Personnel	_____
F. Community Personnel	_____

Grand Total

5. Group interviews \_\_\_\_\_ Number of Students \_\_\_\_\_

6. Classroom observations \_\_\_\_\_

7. Case conferences and staffings attended \_\_\_\_\_

8. Group Meetings attended \_\_\_\_\_

9. Other activities (speaking, reports, other interviews, etc.) \_\_\_\_\_

FOREST RIDGE SCHOOL DISTRICT #142  
14950 S. Laramie  
Oak Forest, Illinois 60452

listed below are statements relating to the function of School Psychologists. In Column A, please prioritize these functions according to the way you feel things should be done. (Most important listed as #1, least important #6). In Column B, rank the items according to the way they were actually done during the past school year (80-81). (Again, most important being #1, least being #6)

	(A) HOW THINGS SHOULD BE <u>PRIORITIZED</u>	(B) HOW THINGS REALLY ARE
A) Identification of students who should be referred for a full case study evaluation.	_____	_____
B) Individual Psychological evaluation and interpretation.	_____	_____
C) Counseling and/or psychological remediation either individually or in groups.	_____	_____
D) Parent education and the development of parent understanding.	_____	_____
E) Consulting with teachers and other school personnel in relation to behavior management and learning problems.	_____	_____
F) Consulting with administration in program development.	_____	_____
1) Do you feel that the school psychologist should spend time in the area of prevention as well as remediation?		
	YES _____	NO _____
If prevention is of value, how much time should be devoted to it?		
	Check one	
	_____ 0 to 20%	
	_____ 20 to 40%	
	_____ 40 to 60%	
	_____ More than 60%	
2) Are psychological reports clear and meaningful to you as the person required to deal with the problems in the classroom?		
	YES _____	NO _____

3) Are recommendations made by the psychologist realistic and applicable to the classroom?

YES \_\_\_\_\_ NO \_\_\_\_\_

4) Do you feel that psychological services are available in sufficient quantity?

YES \_\_\_\_\_ NO \_\_\_\_\_

In Column A, prioritize the following Social Work functions according to the way you feel they should be addressed in our schools. In Column B, rank them in the order you believe they were actually delivered during the last school year (80-81). (As before, use #1 for the most important and #6 for the least important)

	HOW THINGS SHOULD BE (A)	HOW THINGS REALLY ARE (B)
A) Consultation and inservice training of school personnel.	_____	_____
B) Identification of children needing special services (in and out of district) and completion of Social Developmental Histories.	_____	_____
C) Counseling and/or therapy with children either individually or in groups.	_____	_____
D) Liaison between school and home.	_____	_____
E) Parent education and/or counseling as appropriate to a particular child's problem.	_____	_____
F) The development of community resources and services to meet the needs of school children.	_____	_____

5) Do you believe that Social Work Services should be available to all students within the schools?

YES \_\_\_\_\_ NO \_\_\_\_\_

6) Should "psychotherapy" be a function of the school district? ("Psychotherapy" is defined as long term therapy designed to change personality)

YES \_\_\_\_\_ NO \_\_\_\_\_

7) Should Social Work Service be preventive as well as remedial?

YES \_\_\_\_\_ NO \_\_\_\_\_

8) Do you feel that Social Work Services are available in sufficient quantity?

YES \_\_\_\_\_ NO \_\_\_\_\_

8) Has any child from your classroom been referred to the "In House" Team?

YES \_\_\_\_\_ NO \_\_\_\_\_

9) Were you satisfied with the way the referral was processed by the team?

YES \_\_\_\_\_ NO \_\_\_\_\_

10) Were you invited to participate in staffings on the children from your classroom?

YES \_\_\_\_\_ NO \_\_\_\_\_

11) Were the recommendations which came from the In House Team and/or MDS realistic?

YES \_\_\_\_\_ NO \_\_\_\_\_

12) Were you satisfied with the outcome of the referral(s)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO", please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13) What recommendations would you make to improve staffings? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the column that most accurately reflects your feelings about each statement below.

	STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
To many students are being placed in special education classes.					
There are not enough specialists to provide for the special needs of the students in my class.					
A special education placement labels a child as different & this is detrimental to him for the remainder of his/her educational career.					
Special education classes don't provide anything for a child that I can't provide in my regular classroom.					
A lot of time and money are spent on special education and the results are minimal.					

The coordinator (Dave Judy) needs to spend less time behind a desk and more time in the buildings.

STROOPLY  
PIS C. 11

[illegible]

- 1) I feel a part of the district/  
building I work in.
- 2) I feel my role is understood by  
those with whom I work.
- 3) I feel "out there" alone.
- 4) My class is not a dumping ground  
for students.
- 5) I have attended the placement  
staffings of the students in  
my class.

- 6) I am provided with what I need in order to adequately do my job.
- 7) Students within my class are given every opportunity that regular students are given. It makes no difference that they are "special ed".

STRONGLY  
AGREE      AGREE      NO  
OPINION      DISAGREE      STRONGLY  
DISAGREE


Please Make Any Comments, Suggestions, and Recommendations below. Your input is welcome.

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\_\_\_\_\_  
Signature (OPTIONAL)

PLEASE CHECK THE AREA OF YOUR ASSIGNED POSITION:

Classroom Teacher \_\_\_\_\_

Special Education Teacher \_\_\_\_\_

Specialist (Music, Art, P.E.) \_\_\_\_\_

Aide \_\_\_\_\_

Administrator \_\_\_\_\_

FOX RIVER GROVE CONSOLIDATED SCHOOL DISTRICT #3  
975 Algonquin Road  
Fox River Grove, Illinois 60021

No Need	Need	Great Need	
1	2	3	4 5 Identification of children with special needs
1	2	3	4 5 Diagnosis of learning disabilities
1	2	3	4 5 Remediation of learning disabilities
1	2	3	4 5 Instructional management techniques for the classroom teacher
1	2	3	4 5 Behavior management techniques
1	2	3	4 5 Effective communication with parents
1	2	3	4 5 Effective communication among staff
1	2	3	4 5 Coping with teacher stress
1	2	3	4 5 Early intervention and the high-risk child
1	2	3	4 5 Life skills for minimal competencies
1	2	3	4 5 Cultural differences and values
1	2	3	4 5 Play therapy
1	2	3	4 5 Adapted physical education
1	2	3	4 5 Discover intensive phonics
1	2	3	4 5 Creating instructional materials for the classroom
1	2	3	4 5 Displays and demonstrations of commercial materials
1	2	3	4 5 Overview of Media Center services
1	2	3	4 5 Overview of Lake-McHenry Regional Program services
1	2	3	4 5 Other Topics: _____
1	2	3	4 5 _____
1	2	3	4 5 _____

Check if appropriate:

I would consider attending

\_\_\_ 2-weekend course with graduate credit available

\_\_\_ Evening course for 10 weeks with graduate credit available

\_\_\_ Saturday workshop with professional growth credits available

I would be willing to pay up to \_\_\_ \$10 \_\_\_ \$20 \_\_\_ \$30 per semester hour.

Please indicate your position:

Administrator \_\_\_\_\_ Supportive Staff \_\_\_\_\_  
(please specify) (please specify)

Teacher \_\_\_\_\_ Type of Class \_\_\_\_\_  
(please specify)

County \_\_\_\_\_ District \_\_\_\_\_ School \_\_\_\_\_

Thank you for your cooperation. Please return this form to your principal or your superintendent.

JOHNSBURG COMMUNITY UNIT SCHOOL DISTRICT NO. 12

2117 West Church Street  
McHenry, Illinois 60050

JOHNSBURG SCHOOL DISTRICT P.P.S. TEAM EVALUATION INSTRUMENT

INSTRUCTIONS TO THE EVALUATOR:

- A. Please take time to complete this form carefully. It may be best to do it in 2 to 4 sittings, rather than all at once. We greatly appreciate your care in doing this, to enable us to know how we can serve you better.
- B. If you are not in a position to respond to a given item, Skip That Item.
- C. Below is a list of 50 items. You are to rank each item from 2 different perspectives, as explained in E. and F.
- D. First, read the item.
- E. Second, Circle a number at the Left to rate the importance of the stated function, in your own judgment. We value it, and want to know! (1 is not important, 5 is extremely important).
- F. Third, circle a number at the right to rate how well you judge the team is actually performing the function. (1 is not well, 5 is extremely well).



COUNSELING PERSONNEL:

- 
- |                                                                                                   |           |
|---------------------------------------------------------------------------------------------------|-----------|
| 1. 1 2 3 4 5                                                                                      | 1 2 3 4 5 |
| Counsel one-to-one with students on matters of self-understanding, decision-making, and planning. |           |
- 
- |                                                                               |           |
|-------------------------------------------------------------------------------|-----------|
| 2. 1 2 3 4 5                                                                  | 1 2 3 4 5 |
| Counsel with students who have problems which inhibit their ability to learn. |           |
- 
- |                                                                                                                                       |           |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 3. 1 2 3 4 5                                                                                                                          | 1 2 3 4 5 |
| Provide informational services to pupils designed to meet their needs for educational, occupational, personal and social information. |           |
- 
- |                                                                                                                      |           |
|----------------------------------------------------------------------------------------------------------------------|-----------|
| 4. 1 2 3 4 5                                                                                                         | 1 2 3 4 5 |
| Motivate students to seek counseling of their own desire, through a continuous program of orientation to counseling. |           |
- 
- |                                                                                      |           |
|--------------------------------------------------------------------------------------|-----------|
| 5. 1 2 3 4 5                                                                         | 1 2 3 4 5 |
| Function as resource persons to teachers for curriculum and educational development. |           |
- 
- |                                                                                          |           |
|------------------------------------------------------------------------------------------|-----------|
| 6. 1 2 3 4 5                                                                             | 1 2 3 4 5 |
| Share appropriate individual pupil data with staff, with due regard for confidentiality. |           |
- 
- |                                                                                                                                                                     |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 7. 1 2 3 4 5                                                                                                                                                        | 1 2 3 4 5 |
| Provide in-service training programs for teachers, administrators, and other school personnel to help them become better acquainted with the work of the counselor. |           |
- 
- |                                                                                                                                                                             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 8. 1 2 3 4 5                                                                                                                                                                | 1 2 3 4 5 |
| Function as consultants to parents in providing services to develop realistic perceptions of their children's abilities, interests, attitudes, and educational development. |           |
-

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9. 1 2 3 4 5

1 2 3 4 5

Assist in the placement and grouping of pupils in order to provide a learning situation of maximum benefit.

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10. 1 2 3 4 5

1 2 3 4 5

Assist in providing testing services and appraisal of student's capabilities, achievements, interests, and adjustments (standardized tests, academic records, personal data, and records of past experiences).

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11. 1 2 3 4 5

1 2 3 4 5

Make and coordinate referrals to other specialists in pupil personnel services.

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12. 1 2 3 4 5

1 2 3 4 5

Counsel with groups of students on matters of self-understanding, decision-making and planning.

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LEARNING RESOURCE TEACHERS:

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13. 1 2 3 4 5

1 2 3 4 5

Provide classroom suggestions or materials when enrollment in the L.D. program is not feasible.

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14. 1 2 3 4 5

1 2 3 4 5

Test children to determine their educational strengths and weaknesses.

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15. 1 2 3 4 5

1 2 3 4 5

Provide individualized programs when necessary.

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16. 1 2 3 4 5

1 2 3 4 5

Provide verbal feedback to teachers on children's progress.

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17. 1 2 3 4 5

1 2 3 4 5

Clearly explain test results to teachers.

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<u>18.</u>	1 2 3 4 5	Are available to discuss progress and/or areas of concern with teachers.	1 2 3 4 5
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<u>19.</u>	1 2 3 4 5	Follow up by observing in the classroom.	1 2 3 4 5
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<u>20.</u>	1 2 3 4 5	Contact parents with feedback on children's progress.	1 2 3 4 5
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<u>21.</u>	1 2 3 4 5	Enhance the self-image of students.	1 2 3 4 5
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<u>22.</u>	1 2 3 4 5	Co-ordinate materials and information with other P.P.S. members working with the same children.	1 2 3 4 5
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<u>23.</u>	1 2 3 4 5	Provide written feedback to teachers on children's progress.	1 2 3 4 5
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NURSING PERSONNEL:

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<u>24.</u>	1 2 3 4 5	Participate in planning for the conduct of health appraisal and health conseling to pupils.	1 2 3 4 5
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<u>25.</u>	1 2 3 4 5	Assist in the prevention and control of illness, including communicable and other infectious diseases.	1 2 3 4 5
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<u>26.</u>	1 2 3 4 5	Administer first aid and give leadership in planning for proper emergency care for sudden illness or accidents incurred under school jurisdiction.	1 2 3 4 5
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- |            |           |                                                                                                                          |           |
|------------|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|
| <u>27.</u> | 1 2 3 4 5 | Participate in planning the modification of the school program to meet the special health needs of exceptional children. | 1 2 3 4 5 |
|------------|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|
- 
- |            |           |                                                                              |           |
|------------|-----------|------------------------------------------------------------------------------|-----------|
| <u>28.</u> | 1 2 3 4 5 | Assist in the development and maintenance of a healthful school environment. | 1 2 3 4 5 |
|------------|-----------|------------------------------------------------------------------------------|-----------|
- 
- |            |           |                                                                                                |           |
|------------|-----------|------------------------------------------------------------------------------------------------|-----------|
| <u>29.</u> | 1 2 3 4 5 | Contribute to the in-service health education program for teachers and other school personnel. | 1 2 3 4 5 |
|------------|-----------|------------------------------------------------------------------------------------------------|-----------|
- 
- |            |           |                                                                                                                                           |           |
|------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <u>30.</u> | 1 2 3 4 5 | Maintain cumulative health records for every student in the school district, and up-to-date emergency information forms for each student. | 1 2 3 4 5 |
|------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|
- 
- |            |           |                                                                        |           |
|------------|-----------|------------------------------------------------------------------------|-----------|
| <u>31.</u> | 1 2 3 4 5 | Organize and assist with the annual Tuberculosis Skin Testing Program. | 1 2 3 4 5 |
|------------|-----------|------------------------------------------------------------------------|-----------|
- 
- |            |           |                                                              |           |
|------------|-----------|--------------------------------------------------------------|-----------|
| <u>32.</u> | 1 2 3 4 5 | Assist at pre-school, Kindergarten and general registration. | 1 2 3 4 5 |
|------------|-----------|--------------------------------------------------------------|-----------|
- 
- |            |           |                                                                 |           |
|------------|-----------|-----------------------------------------------------------------|-----------|
| <u>33.</u> | 1 2 3 4 5 | Attend staffings and Parent-Teacher Conferences when indicated. | 1 2 3 4 5 |
|------------|-----------|-----------------------------------------------------------------|-----------|
- 
- |            |           |                                                                                                                            |           |
|------------|-----------|----------------------------------------------------------------------------------------------------------------------------|-----------|
| <u>34.</u> | 1 2 3 4 5 | Screen children for vision, hearing and blood pressure, and interpret the results to school personnel, parents, and child. | 1 2 3 4 5 |
|------------|-----------|----------------------------------------------------------------------------------------------------------------------------|-----------|
- 

SPEECH AND LANGUAGE THERAPISTS

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35. 1 2 3 4 5 1 2 3 4 5  
Make diagnostic assessment of speech and language skills.
- 
36. 1 2 3 4 5 1 2 3 4 5  
Remediate speech and language disorders through home programming.
- 
37. 1 2 3 4 5 1 2 3 4 5  
Consult with parents concerning diagnostic test results, placement, therapy and progress.
- 
38. 1 2 3 4 5 1 2 3 4 5  
Consult teachers to schedule student at most opportune time for the parties involved.
- 
39. 1 2 3 4 5 1 2 3 4 5  
Provide information to the teacher regarding diagnostic test results, type of therapy program to be initiated, progress, and class remediation suggestions.
- 
40. 1 2 3 4 5 1 2 3 4 5  
Keep administrators informed as to the therapy schedule, changes in schedule and professional meetings.
- 
41. 1 2 3 4 5 1 2 3 4 5  
Meet with various disciplines (psychol, nurse, counseling, L.D.) to discuss total child and set up best possible program.
- 
42. 1 2 3 4 5 1 2 3 4 5  
Keep updated records for future and present use.
- 
43. 1 2 3 4 5 1 2 3 4 5  
Help the student understand why he/she is in therapy and make therapy expectations clear.
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44. 1 2 3 4 5

1 2 3 4 5

Keep up professional growth through attendance at meetings, conventions, courses and reading material.

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45. 1 2 3 4 5

1 2 3 4 5

Remediate speech and language disorders through in-school programming.

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ENTIRE TEAM:

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46. 1 2 3 4 5

1 2 3 4 5

Initiate, coordinate, and follow up referrals to public and private agencies outside the school when appropriate.

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47. 1 2 3 4 5

1 2 3 4 5

Act as the school liaison with outside agencies when contact is initiated from outside of school.

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(These 3 spaces below are to be used for the evaluator to list and rank function (s) not already listed but considered important by the evaluator)

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48. 1 2 3 4 5

1 2 3 4 5

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49. 1 2 3 4 5

1 2 3 4 5

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50. 1 2 3 4 5

1 2 3 4 5

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LAWRENCE COUNTY C. U. DISTRICT #20  
West Cedar  
Lawrenceville, Illinois 62439

Guidance & Counseling Needs

Goal: To help students overcome problems that impede learning and to assist them in making educational, occupational, and life plans that will lead to meaningful, successful lives.

Please rate the following services in regards to the needs of your students (one indicating the highest need, ten the lowest need).

Rating 1-10

1. Registering new students and orienting them to school procedures and the school's varied opportunities for learning. \_\_\_\_\_
2. Aiding of students in course and subject selections. \_\_\_\_\_
3. Maintaining student records and protecting their confidentiality. \_\_\_\_\_
4. Working to resolve student's educational handicaps and special abilities. \_\_\_\_\_
5. Working to prevent students from dropping out of school. \_\_\_\_\_
6. Making recommendations to colleges for admissions and scholarships. \_\_\_\_\_
7. Obtaining and disseminating occupational information to students and to classes studying occupations. \_\_\_\_\_
8. Helping students evaluate career interests and choices. \_\_\_\_\_
9. Working with students on an individual basis in the solution of personal problems related to such items as home and family relations, health and emotional adjustment. \_\_\_\_\_
10. Conferring with parents whenever necessary. \_\_\_\_\_

Suggestions for additional services:

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## Psychological Needs

Goal: To provide psychological services to students who require psychological evaluation and assistance in their educational or behavioral adjustment and to assist in the process of developing an educational climate conducive to the optimum development of children.

Please rate the following services in regards to the needs of your students (one indicating the highest need, ten the lowest need).

Rating 1-10

1. Screening of school enrollments to identify children who should be referred for individual study. \_\_\_\_\_
2. Completing individual psychological evaluations and interpretation of those findings and recommendations. \_\_\_\_\_
3. Performing therapy and other psychological remedial measures as appropriate to the needs of the students individually or in a group. \_\_\_\_\_
4. Participating in parent education and help develop parent understanding. \_\_\_\_\_
5. Consulting with teachers and other school personnel in relation to behavioral management and learning problems. \_\_\_\_\_
6. Providing consultive services and program development. \_\_\_\_\_
7. Making referrals to appropriate outside professionals and agencies. \_\_\_\_\_
8. Emphasizing prevention as well as rehabilitation, indirect as well as direct service. \_\_\_\_\_
9. Assisting in preschool screening. \_\_\_\_\_
10. Keeping abreast of new laws and changes in the rules and regulations. \_\_\_\_\_

Suggestions for additional services:

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## Health Needs

Goal: To promote the general health and well being of all students and employees in the district.

Please rate the following services in regards to the needs of your students (one indicating the highest need, ten the lowest need).

Rating 1-10

1. Conducting school health services, physical examinations, immunizations, screenings, etc. \_\_\_\_\_
2. Notifying parents of students in need of medical and dental care and if needed, assist in obtaining the care. \_\_\_\_\_
3. Reporting and interpretating to parents, school personnel, and physicians student's medical conditions. \_\_\_\_\_
4. Maintaining up-to-date cumulative health records on all students that reflect compliance with examination and immunization requirements. \_\_\_\_\_
5. Observing students to detect health needs. \_\_\_\_\_
6. Assuming responsibility in the absence of physician, for the care of a student or staff member who has suffered injury or emergency illness. \_\_\_\_\_
7. Recommend exclusion and readmission of students in connection with infectious and contagious disease. \_\_\_\_\_
8. Making accident reports on students when appropriate and assisting other personnel in preparing accident reports upon request. \_\_\_\_\_
9. Participating in pre-school and kindergarten registration. \_\_\_\_\_
10. Participating, on request of the teacher, in health education topics in the classroom. \_\_\_\_\_

Suggestions for additional services:

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## Social Work Needs

Goal: Provide services to and on behalf of students whose educational or behavioral development is restricted due to social or emotional considerations, family circumstances, or problems of the environment.

Please rate the following in regards to the needs of your students (one indicating the highest need, ten the lowest need).

Rating 1-10

1. Providing consultation and inservice training experience to school personnel. \_\_\_\_\_
2. Identifying children in need of social work intervention. \_\_\_\_\_
3. Providing a social developmental study in a case study evaluation. \_\_\_\_\_
4. Serving as a liasion between the home and the school. \_\_\_\_\_
5. Providing parental education and counseling as appropriate. \_\_\_\_\_
6. Facilitating the effective utilization of existing community resources. \_\_\_\_\_
7. Providing appropriate social work intervention for the student. \_\_\_\_\_

Suggestions for additional services:

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MARENGO CONSOLIDATED SCHOOL DISTRICT #140  
SOUTH LOCUST STREET  
MARENGO, ILLINOIS 60152  
PUPIL PERSONNEL SURVEY

District #140 Marengo Elementary School is conducting the following survey. This survey is part of the requirements needed to fulfill the requirements for recognition by the State Board of Education. Please return this form to either Washington or Locust School. Thank you for your assistance in this matter.

YES

NO

1. Do you feel the psychological services the District provides are adequate?

If you answered the above question, no, do you feel more of the psychologist's time, should be made available to the student?

If you answered the above question, no, do you feel more of the psychologist's time should be made available for parent consultation?

2. Do you feel the social worker's services which are provided by District #140 are adequate?

If you answered the above question, no, do you feel more of the social worker's time should be made available to the student?

If you answered the above question, no, do you feel more of the social worker's time should be made available for parent consultation?

3. Do you feel the District is providing adequate Health Care to district students?

If you answered no to the above question, do you feel the district should have a full-time nurse?

Or

Do you feel the District should have a nurse on call when needed?

4. Do you feel the District should have a guidance counselor available to work with students?

If you answered yes to the above question would you like these services available to all students grades K-8?

Or

Would you like to see the guidance counselor available to students only in grades 6-8?

If a guidance counselor were available should he/she be in charge of student discipline?

# NORTHBROOK SCHOOL DISTRICT 27

2929 Shabonee Trail  
Northbrook, Illinois 60062  
(312) 498-2610

## OFFICE OF SPECIAL LEARNING SERVICES

As one indicator of the effectiveness of the various support programs in School District 27 it will be appreciated if you will take a few minutes to complete the following information and return it to the principal by Friday, May 29.

1. School \_\_\_\_\_
2. Level taught; please check ☐ primary  
☐ intermediate  
☐ junior high

Please rate the items under 3b - 8b according to the following key:

- |                            |                       |
|----------------------------|-----------------------|
| 1 - strongly agree         | 4 - disagree          |
| 2 - agree                  | 5 - strongly disagree |
| 3 - no opinion or not sure |                       |

3. Pupil Study Team meetings are intended to provide a group forum for problem solving regarding a specific student.

- a. Have you been involved in one or more pupil study team meetings this school year? yes\_\_\_ no\_\_\_

- b. If yes was your response in 3a, please rate the following statements according to your view of the importance of results of PST meetings.

- ☐ Several sources and views of information were shared.  
☐ I received worthwhile suggestions for working with the student(s).  
☐ I received "moral support" that encouraged me to keep trying.  
☐ The student(s) received assistance (testing, support services, etc. if appropriate and authorized by parents).  
☐ The meeting(s) were of little value to the student(s) or to me.

- c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Learning Disabilities

- a. Has one or more of the students you have taught this year received L.D. support? yes\_\_\_ no\_\_\_

- b. If yes was your response in 4a, please rate the following statements according to your view of the importance of results of the L.D. support?

\_\_\_ I understand the areas of strengths and weaknesses of the student(s) and can teach him/her more effectively as a result.

\_\_\_ I have received worthwhile suggestions for working with the student(s).

\_\_\_ The L.D. teacher and I have worked together closely regarding the student(s).

\_\_\_ I believe the L.D. program benefits the student(s).

\_\_\_ I question the value of the L.D. program.

- c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Social Work

- a. Has one or more of your students received social work support this year? yes\_\_\_ no\_\_\_

- b. If yes was your response to 5a, please rate the following statements according to your view of the importance of results of the social work support.

\_\_\_ I understand the problems and issues troubling the student(s) and can teach him/her more effectively as a result.

\_\_\_ The social worker and I have worked together closely regarding the student(s).

\_\_\_ I believe the social work program benefits the student(s).

\_\_\_ The social worker has provided worthwhile assistance in parent communication.

\_\_\_ I question the value of the social work program.

- c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Speech-Language

- a. Has one or more of your students received speech and/or language support this year? yes\_\_\_ no\_\_\_
- b. If you responded yes in 6a, please rate the following statements according to your view of the importance of the results of the speech-language program.

\_\_\_The speech-language teacher and I have worked together closely regarding the student(s).  
\_\_\_I have received worthwhile suggestions for working with the student(s).  
\_\_\_I believe the speech-language program benefits the student(s).  
\_\_\_I question the value of the speech-language program.

c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Resource

- a. Has one or more of your students received assistance from the resource teacher? yes\_\_\_ no\_\_\_
- b. If you responded yes to 7a, please rate the following statements according to your view of the importance of results of the program:

\_\_\_The student(s) has received specific help I could not have provided during regular class time.  
\_\_\_The resource teacher and I have worked together closely regarding the student(s).  
\_\_\_I believe the resource program benefits the student(s).  
\_\_\_I question the value of the resource program.

c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Diagnostics

a. Has one or more of your students been referred for diagnostic evaluation? yes\_\_\_ no\_\_\_

b. If you responded yes to 8a, please rate the following statements according to your view of the importance of the results of the referral:

\_\_\_ The diagnostic evaluation seemed thorough and accurate.

\_\_\_ I had an opportunity to personally hear the results of the evaluation.

\_\_\_ I had an opportunity to give input into putting the evaluation results to use and in decision making.

\_\_\_ I question the value of diagnostic evaluations.

c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please add any comments, positive or negative, you wish to make regarding the support programs in general or regarding specific programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

CDB:cma



# NORTHBROOK SCHOOL DISTRICT 27

2929 Shabonee Trail  
Northbrook, Illinois 60062  
(312) 498-2610

OFFICE OF SPECIAL LEARNING SERVICES

Student \_\_\_\_\_

Dear Parent,

Enclosed is an opinion survey form which you are being asked to complete and return in the stamped, self-addressed envelope by June 10, 1981.

The purpose of the survey is to gain parent input and reaction regarding effectiveness of various School District 27 support programs. Your child's name was selected at random. Twenty or more parents from your child's school are receiving similar surveys and no attempt will be made to identify you or any other parent individually.

Because we are vitally interested in your comments, we would appreciate your taking the necessary time to let us know about program areas that have been successful and those areas that you believe need some improvements according to your perceptions of the support program as it affects your child.

A summary of a complete status report on the support services program will be available at each school office in September, 1981, if you would like to see the results.

Sincerely,



Carl D. Bevers  
Assistant Superintendent for  
Special Learning Services

Enclosure

CDB:cma

## PARENT SURVEY

### Reaction to Child's Learning Disabilities Program

Please mark each statement according to the following key. Add comments as needed for clarification.

- 1 - Strongly agree
- 2 - Agree
- 3 - No opinion or don't know
- 4 - Disagree
- 5 - Strongly disagree

1. School \_\_\_\_\_
2. I understand why my child is receiving assistance from the learning disabilities teacher. (Please use a number from the above key.) \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have found the learning disabilities teacher responsive to my requests for information or discussion regarding my child and his/her program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I have had an opportunity to give input into plans for my child's program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I believe the learning disabilities support program has been of benefit to my child. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I believe the amount of time my child receives help from the learning disabilities teacher is appropriate. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I would be interested in attending a series of school-sponsored parent education meetings to learn more about learning problems, their effect on children and school, and home implications for working with children with learning problems. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list any concerns, questions, suggestions or other positive or negative comments you would like to include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

PARENT SURVEY

Reactions to Child's Resource Support Program

Please mark each statement according to the following key. Add comments as needed for clarification.

- 1 - Strongly agree
- 2 - Agree
- 3 - No opinion or don't know
- 4 - Disagree
- 5 - Strongly disagree

1. School \_\_\_\_\_
2. I understand why my child is receiving assistance from the resource teacher. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have found the resource teacher responsive to my requests for information or discussion regarding my child and his/her program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I have had an opportunity to give input into plans for my child's program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I believe the resource program has been of benefit to my child. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I believe the amount of time my child receives help from the resource teacher is appropriate. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I would be interested in attending a series of school-sponsored parent education meetings to learn more about children's learning difficulties and school and home implications for working effectively with children for whom learning is not always easy. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please list any concerns, questions, suggestions or other positive or negative comments you would like to include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your assistance.

PARENT SURVEY

Reaction to Child's Speech-Language Program

Please mark each statement according to the following key. Add comments as needed for clarification.

- 1 - Strongly agree
- 2 - Agree
- 3 - No opinion or don't know
- 4 - Disagree
- 5 - Strongly disagree

1. School \_\_\_\_\_
2. I understand why my child is receiving assistance from the speech-language therapist. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have found the speech-language therapist responsive to my requests for information or discussion regarding my child and his/her program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I have had an opportunity to give input into plans for my child's program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I believe the speech-language support program has been of benefit to my child. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I believe the amount of time my child receives help from the speech-language therapist is appropriate. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list any concerns, questions, suggestions or other positive or negative comments you would like to include:

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Thank you for your assistance.

## PARENT SURVEY

### Reaction to Case Study Evaluation

Please mark each statement according to the following key. Add comments as needed for clarification.

- 1 - Strongly agree
- 2 - Agree
- 3 - No opinion or don't know
- 4 - Disagree
- 5 - Strongly disagree

1. School \_\_\_\_\_
2. I understand why a case study evaluation (diagnostic testing) was recommended for my child. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have found the diagnostic staff responsive to my requests for information or discussion regarding my child and the case study evaluation. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I had an opportunity to give input into plans for my child's case study evaluation. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Like most parents, I was uneasy that diagnostic testing was being done with my child. I found the diagnostic staff sensitive to my concerns and feelings. \_\_\_\_\_  
Comments (Please elaborate on this item): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



6. The diagnostic staff provided me with an understandable explanation of the results of the case study evaluation. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. I had an opportunity to give my input regarding how school recommendations resulting from the case study evaluation would be implemented. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. In general, I agree with the results and recommendations from the case study evaluation. \_\_\_\_\_
9. Respond only if you disagreed with the results or recommendations: I found the diagnostic staff to be flexible in considering and responding to my areas of concern. I was satisfied with the level of professionalism. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. The case study evaluation was of benefit to my child and to me. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

## PARENT SURVEY

### Reaction to Child's Social Work Support Program

Please mark each statement according to the following key. Add comments as needed for clarification.

- 1 - Strongly agree
- 2 - Agree
- 3 - No opinion or don't know
- 4 - Disagree
- 5 - Strongly disagree

1. School \_\_\_\_\_
2. I understand why my child is receiving assistance from the school social worker. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have found the social worker responsive to my requests for information or discussion regarding my child and his/her program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I have had an opportunity to give input into purposes and plans for the social worker's involvement with my child. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I believe the amount of time my child receives help from the social worker is appropriate. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I would be interested in attending a series of school-sponsored meetings to learn more about ways school and family can work more effectively with children. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I believe the social work program has been of benefit to my child. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I am better able to interact positively with and be a support to my child as a result of the social work program. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please list any concerns, questions, suggestions or other positive or negative comments you would like to include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

## PARENT SURVEY

### Reaction to Child's Guidance Counseling Program

Please mark each statement according to the following key. Add comments as needed for clarification.

- 1 - Strongly agree
- 2 - Agree
- 3 - No opinion or don't know
- 4 - Disagree
- 5 - Strongly disagree

1. School \_\_\_\_\_
2. I understand why my child is receiving assistance from the school guidance counselor. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have found the guidance counselor responsive to my requests for information or discussion regarding my child and his/her program. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I have had an opportunity to give input into purposes and plans for the guidance counselor's involvement with my child. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I believe the amount of time my child receives help from the guidance counselor is appropriate. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I would be interested in attending a series of school-sponsored meetings to learn more about ways school and family can work more effectively with children. \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I believe the guidance counseling program has been of benefit to my child. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. I am better able to interact positively with and be a support to my child as a result of the guidance counseling program. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please list any concerns, questions, suggestions or other positive or negative comments you would like to include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your assistance.

OAK PARK AND RIVER FOREST HIGH SCHOOL  
201 NORTH SGOVILLE AVENUE  
Oak Park, Illinois 60302

Needs Assessment Related to Special Education

Needs Assessment: The high school is participating in an assessment of the needs of young people in Oak Park and River Forest using the Delphi method. This instrument is being used by several groups. Please complete the following task and return your response to the Principals's office, Room 205 or mailbox #314 no later than May 15.

Select no more than 5 priority areas of training need for you in your role as a parent with a handicapped child and others. For your top priority, circle #1 following that descriptor. (Descriptions of each area are given on the reverse side).

- |                                                        |           |
|--------------------------------------------------------|-----------|
| 1. What/Why Mainstreaming?                             | 1 2 3 4 5 |
| 2. Legal Requirements for Mainstreaming?               | 1 2 3 4 5 |
| 3. Parent Awareness                                    | 1 2 3 4 5 |
| 4. Classroom Management of Mainstreamed Child          | 1 2 3 4 5 |
| 5. Least Restrictive Alternative/Continuum of Services | 1 2 3 4 5 |
| 6. Individual Education Plans                          | 1 2 3 4 5 |
| 7. Consultation Skills                                 | 1 2 3 4 5 |
| 8. Assessment Skills                                   | 1 2 3 4 5 |
| 9. Materials/Methods for Mainstreamed Child            | 1 2 3 4 5 |
| 10. Multi-Disciplinary Staffing                        | 1 2 3 4 5 |
| 11. Communication Skills                               | 1 2 3 4 5 |

For each item listed below, indicate the importance in your school for staff, administrator and/or parent training. This is an individual rating scale which does not require comparisons. In this instance, you may rate all items equally important. (i.e. all 4's or give different ratings to each item).

Extremely Important  
Very Important  
Important  
Midly Important  
Not Important

- |                                                        | 1 | 2 | 3 | 4 | 5 |
|--------------------------------------------------------|---|---|---|---|---|
| 1. What/Why Mainstreaming?                             | 1 | 2 | 3 | 4 | 5 |
| 2. Legal Requirements for Mainstreaming                | 1 | 2 | 3 | 4 | 5 |
| 3. Parent Awareness                                    | 1 | 2 | 3 | 4 | 5 |
| 4. Classroom Management of Mainstreamed Child          | 1 | 2 | 3 | 4 | 5 |
| 5. Least Restrictive Alternative/Continuum of Services | 1 | 2 | 3 | 4 | 5 |
| 6. Individual Education Plans                          | 1 | 2 | 3 | 4 | 5 |
| 7. Consultation Skills                                 | 1 | 2 | 3 | 4 | 5 |
| 8. Assessment Skills                                   | 1 | 2 | 3 | 4 | 5 |
| 9. Materials/Methods for Mainstreamed Child            | 1 | 2 | 3 | 4 | 5 |
| 10. Multi-Disciplinary Staffing                        | 1 | 2 | 3 | 4 | 5 |
| 11. Communication Skills                               | 1 | 2 | 3 | 4 | 5 |
| 12. Other (specify)                                    | 1 | 2 | 3 | 4 | 5 |

1. Why Mainstreaming? What is "Mainstreaming"? Why does every child have a right to an appropriate education? Who is responsible to insure those rights? What new skills, role and responsibilities will mainstreaming necessitate? What are legal implications of 94-142? What services (state/local area) are available to help local districts solve mainstreaming problems?
2. What Are the Legal Requirements of 94-142? Who must be served under this law? What are Federal, State, and local responsibilities under this law? What is the due process procedure? What are parent/children rights under this law? What are rules/regulations for program administration? What state services are available?
3. How Can School Districts Develop Parent Awareness? What are children/parents rights under this law? How does due process work? What are roles and responsibilities of parents with a handicapped child to adult? What skills can parents develop to better work with the school and/or their handicapped child?
4. How Does a Classroom Teacher Manage with the Mainstreamed Child? Who is mainstreamed? Why? (What skills, techniques and strategies will help a regular classroom teacher work successfully with the mainstreamed child? What problems can a classroom teacher anticipate with a handicapped child? With the other children? What preventative discipline techniques will help maintain a positive learning atmosphere? What reporting procedures are required? How can mainstreaming benefit all persons in the effectively managed classroom?
5. What is Least Restrictive Environment/Continuum of Services? What are the program alternatives available? What special services are possible thru use of PPS staff? What new roles and responsibilities can be developed for special education and PPS personnel? How do staffs determine what is the least restrictive environment?
6. How Do Districts Develop Individualized Education Plans? (IEP) Why must we do an IEP? Who must be involved in the Child Study and the Conferences? What are implications for individualized instruction in the classroom?
7. What are Consultation Skills? What is the consultant's role in the school? What skills, techniques, knowledge and attitudes are needed for consultation with student's parents, teachers and administrators?
8. What Assessment Skills Are Needed? How do teachers and special educators recognize and screen exceptional children? How does one observe and record behavior, assess needs, prepare and evaluate instructional objectives, work reports on behavioral terms? How does one communicate diagnosis and evaluation results to parents?
9. What Materials/Methods for Mainstreamed Child Are Available for Classroom Teachers? What materials are appropriate? How can a district use the REMIS/NIMIS, IRBN, service system to identify resources? What other information services are available? How can teachers prepare? What skills and strategies can a classroom teacher learn to facilitate the mainstreamed child's mastery of IEP objectives?
10. What Is Multi-Disciplinary Staffing? Why multi-disciplinary staffing? Who is involved? What skills are needed?
11. How Can Teachers and Administrators Improve Communication Skills? How can schools improve communication channels? What skills will improve written and/or verbal communication among school staffs and with parents?

ORLAND PARK DISTRICT #135  
151st and 94th Avenue  
Orland Park, Illinois 60462

I would appreciate receiving your opinions regarding the future development of our district's special education programs and services. It is important to plan carefully in view of State and Federal mandates coupled with what the district can feasibly provide.

Please, read each item with concern of appropriate programs in servicing the greatest needs of our children as you prioritize the services. Return this survey to your building secretary by January 30 who will mail them to my office on February 2.

Thank you!

SCHOOL NAME \_\_\_\_\_ CR. LEVEL \_\_\_\_\_ PRIMARY \_\_\_\_\_ INTERM. \_\_\_\_\_ JR. H. \_\_\_\_\_

POSITION \_\_\_\_\_ CLASSROOM TEACHER \_\_\_\_\_ P. S. STAFF \_\_\_\_\_ ADMINISTRATOR \_\_\_\_\_

Circle one (1) number which best represents your opinion

I. Knowledge about District Special Education Programs/Services

Pre-School Services (3-5 year old)	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Special Needs/Self-Cont. (Classes K-8)	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Special Needs/Resource K-8	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Counseling/School Soc. Wk.	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Gifted Programs K-8	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Adaptive P.E.	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Psychological Services	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Speech/Language Therapy	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Health Services	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Coop & SMA Services	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
B.D. Self-Contained Class	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Special Needs Coord.	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.
Gifted Coordinator	Very Knowledgeable	7	6	5	4	3	2	1	Need Info.

Comments:

II. Quality of Present Programs

Pre-School Services (3-5 yr. old)	Excellent	7	6	5	4	3	2	1	Needs Improvement
Special Needs/Self-Contained (Classes K-8)	Excellent	7	6	5	4	3	2	1	Needs Improvement
Special Needs/Resource K-8	Excellent	7	6	5	4	3	2	1	Needs Improvement
Counseling/School Social Wk.	Excellent	7	6	5	4	3	2	1	Needs Improvement
Gifted Programs K-8	Excellent	7	6	5	4	3	2	1	Needs Improvement
Adaptive P.E.	Excellent	7	6	5	4	3	2	1	Needs Improvement
Psychological Services	Excellent	7	6	5	4	3	2	1	Needs Improvement
Speech/Language Therapy	Excellent	7	6	5	4	3	2	1	Needs Improvement
Health Services	Excellent	7	6	5	4	3	2	1	Needs Improvement
Coop & SMA Services	Excellent	7	6	5	4	3	2	1	Needs Improvement
B.D. Self-Contained Class	Excellent	7	6	5	4	3	2	1	Needs Improvement
Special Needs Coordinator	Excellent	7	6	5	4	3	2	1	Needs Improvement
Gifted Coordinator	Excellent	7	6	5	4	3	2	1	Needs Improvement

Comments:



### III. Expansion of Programs/Services Contingent on Funds Available

Wider distribution of special needs self-contained classes throughout the district	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
District operated early childhood classes (3-5 yr old)	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Primary B.D. Class	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Adaptive P.E. Specialist	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Special Needs LD/EH Self-Contained classes (gr. _____)	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Special Needs/Resource Programs	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Counseling/Social Wk Services	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Gifted Programs (gr. _____)	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Speech Therapy	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Health Services	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Psychological Services	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Special Needs Coordinator Full Time	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
Gifted Coordinator Full Time	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration
_____	Needed for Consideration	7 6 5 4 3 2 1	Not needed for Consideration

#### COMMENTS:

### IV. Inservice Needed

Mainstream Techniques	Priority	7 6 5 4 3 2 1	Least Priority
Adaptive P.E.	Priority	7 6 5 4 3 2 1	Least Priority
Gifted	Priority	7 6 5 4 3 2 1	Least Priority
Testing	Priority	7 6 5 4 3 2 1	Least Priority
Co-op Services	Priority	7 6 5 4 3 2 1	Least Priority
SNA Services	Priority	7 6 5 4 3 2 1	Least Priority
I.E.P.'s	Priority	7 6 5 4 3 2 1	Least Priority
P.L. 94-142 Legal Opinion	Priority	7 6 5 4 3 2 1	Least Priority
Speech & Language Development	Priority	7 6 5 4 3 2 1	Least Priority

#### COMMENTS:

/mk  
2/81

PALISADES C.C. SCHOOL DISTRICT 180  
15W-451 91st St.  
Burr Ridge, Illinois 60521

The purposes of the survey are as follows: 1) to determine what services are essential to the teaching staff; 2) to determine the priority need of special services for P.L. 94-142; 3) to determine what additional services might be necessary and; 4) to evaluate the present special services for improvement of the service.

Special services are rank ordered using a stanine scale with 1-3 meaning poor; 4-6 meaning good; and 7-9 meaning excellent. The data gathered is reported in two columns - the first column indicating the percentage of responses rounded to the nearest whole; the second column giving the stanine score. A blank page is provided for comments.

Col. 1	Col. 2	
		NURSING SERVICES
		1. Keeps accurate up-to-date health records
		2. Consults and advises teachers about student health problems
		3. Aides classroom teacher in implementing health programs
		4. Promptly cares for injured or sick students
		5. Overall services have saved time for the classroom teachers and principal's office
		SPEECH THERAPY SERVICES
		1. Communicates to the staff and parents the needs and progress of individual students in the program
		2. Processes referrals in a prompt and professional manner
		3. Suggests teaching methods to the classroom teacher to help students in the regular classroom
		4. Screening and testing results are communicated to the classroom teacher
		5. Overall services to the students have been productive for student improvement
		SOCIAL WORK SERVICES
		1. Communicates to the staff the needs and progress of individual students receiving these services

Col. 1

Col. 2

#### SOCIAL WORK SERVICES (continued)

2. Communicates with parents the needs and progress of individual students on a regular basis
3. Referrals to other agencies and counseling result in improved student actions
4. Concrete practical strategies are offered to staff members for use in dealing with individual students
5. Follow-up services are offered to the teachers on individual students
6. Referrals are processed in a prompt and professional manner

#### PSYCHOLOGICAL SERVICES

1. Communicates to the staff and parents the results tested by making recommendations on individual students
2. Follow-up services are offered to the teachers on individual students
3. Helps the teachers identify all types of exceptional children
4. Aides with the inservice training of school personnel in the area of psychology
5. Referrals are processed in a prompt and professional manner
6. Interprets school psychological services to teachers and parents

#### SPECIAL EDUCATION CLASSROOM SERVICES

1. Establishes programs with the classroom teachers which continue the instruction program begun in small groups
2. Tests new students and advises as to proper placement and special needs to the classroom teacher
3. Communicates to the staff and parents the needs and progress of individual students
4. Aides other teachers with individual students offering alternative effective teaching strategies that can be used with the student
5. Overall services have improved the regular educational program by meeting the special needs of identified students

Col. 1

Col. 2

DRC - DIAGNOSTIC READING CONSULTANT SERVICES

1. Communicated to the staff the needs and progress of individual students
2. Improves the reading program for students by assisting the classroom teacher in the placement of students, offering specific materials and methods to the classroom teacher to be used with students, and consults with the classroom teacher on a regular basis
3. Teaches small groups of referred students effectively
4. Referrals are processed in a prompt and professional manner
5. Communicates with parents the progress individual students have made
6. Provides coordination of the regular reading program

COMMENTS:

PRAIRIE GROVE COMMUNITY SCHOOL DISTRICT #46  
3223 Route 176  
Crystal Lake, Illinois 60014

Definitions of Support Personnel

The SOCIAL WORKER provides services to and on behalf of students whose education or behavioral development is restricted due to social or emotional considerations. Among the services provided:

- in-service training and consultation to school personnel on behalf of children
- identification of children in need of services
- services directly to children
- services as a liaison between home and school providing parental education and counseling as appropriate in relating to the child's problems.

The PSYCHOLOGIST provides aid on behalf of students who require psychological evaluation and assistance in their education or behavioral adjustment. Among the services provided are:

- screening of enrollments to identify children who should be referred for individual study
- individual psychological examination and interpretation of those findings and recommendations which will lead to appropriate education experience for the child
- counseling and performing psychological remedial measures as appropriate to the needs of students individually or in groups
- participating in parent education and the development of parent understanding
- consulting with teachers and other school personnel in relation to behavior management and learning problems
- consulting in program development

The SPEECH AND LANGUAGE THERAPIST'S primary role is to identify those children with significantly impaired speech or language and to plan and conduct individualized programs of remediation based on these needs.

The GUIDANCE COUNSELOR provides services which utilize counseling, consulting and guidance activities for the express purpose of meeting the development needs of each child:

- assist students in identifying concerns and making informed decisions regarding educational and/or personal-social issues
- assist educators and parents in maximizing the potential of each student

Pupil Personnel Services Needs Assessment Survey to District 46 Support Personnel:

1. Do you feel District 46 services are insufficient, adequate or excessive in any area? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do we have adequate space available for pupil personnel services? \_\_\_\_\_  
\_\_\_\_\_
3. Is the referral process working? \_\_\_\_\_  
\_\_\_\_\_
4. Do teachers and/or parents cooperate. Please explain. \_\_\_\_\_  
\_\_\_\_\_
5. Do teachers need to be better educated to identify problems in their classrooms? \_\_\_\_\_  
\_\_\_\_\_
6. What is the best way to inform teachers of pertinent information regarding your specialty? \_\_\_\_\_  
\_\_\_\_\_
7. Is there a need for testing of each child with regard to his psychological well-being and self-image? \_\_\_\_\_  
\_\_\_\_\_
8. Do you feel pressured (by the administration, teachers and/or parents) to place too much emphasis on either diagnosis or therapy? Please comment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are students willing to come on their own for help? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does District 46 need a guidance counselor? \_\_\_\_\_  
\_\_\_\_\_
11. We have a great deal of turnover with pupil personnel services. What do you think causes this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. How do you feel the turnover can be alleviated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. In what ways could the administration facilitate the efforts of the pupil personnel services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Would you prefer to meet with the Cares Committee to discuss any of the above questions? \_\_\_\_\_  
\_\_\_\_\_

Pupil Personnel Services Needs Assessment Survey to District 46 Teachers

1. What do you feel are the responsibilities to each member of the support personnel (social worker, psychologist, speech therapist)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you feel a need to be better educated to identify problems in your classroom? Please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Other than textbooks, do you have sufficient tools to teach health; i.e. filmstrips, etc? \_\_\_\_\_  
\_\_\_\_\_
4. At this time, are the pupil personnel services insufficient, adequate, or excessive in any area? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Has there been a time when counseling and guidance services might have been helpful to you or a child in your class? \_\_\_\_\_  
\_\_\_\_\_
6. Is there a need for a guidance counselor for the junior high? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Is there a need for testing of each child with regard to his psychological well-being and self-image? \_\_\_\_\_  
\_\_\_\_\_



8. Do you feel the referral process is working? \_\_\_\_\_
9. Have the support personnel cooperated with you to interpret individual student programs and to continue follow-up? \_\_\_\_\_
10. Does a reasonable period of time transpire between diagnosis and implementation of the recommended program? \_\_\_\_\_
11. Is there a need for more in-service training to teachers in behavioral management, learning problems, etc. \_\_\_\_\_
12. Is too much emphasis placed on diagnosing problems and too little therapy given? Please comment. \_\_\_\_\_
13. Do you feel the students are aware of the help they can receive? \_\_\_\_\_  
If not, how should they be informed? \_\_\_\_\_
14. Do we have adequate space available for the pupil personnel services? \_\_\_\_\_
15. Do the support personnel display the skills and sensitivity needed to manage educational systems in a more humane, effective and dynamic way? \_\_\_\_\_
16. Do you feel some support positions are more necessary than others? Please comment. \_\_\_\_\_
17. In what ways could the administration facilitate the efforts of PPS? \_\_\_\_\_

Pupil Personnel Services Needs Assessment Survey to District 46 Parents:

1. Do you have children presently attending Prairie Grove? \_\_\_\_\_
2. What are their ages? (Include preschoolers) \_\_\_\_\_
3. Are you aware we have special services available which include: nurse, social worker, psychologist, speech therapist? Please circle the personnel you know we have at Prairie Grove.
4. Do you know that these services are available to children 3 years to 21 years of age? \_\_\_\_\_
5. If you feel a need for a service, do you know how to obtain help? \_\_\_\_\_
6. Do you have knowledge about the health agencies and their services available within McHenry County; i.e. Family Services, Mental Health, Pioneer Program, Easter Seal \_\_\_\_\_
7. Are you aware the social worker can help and should be notified thru the school if there is a family crisis; i.e. accident, fire, death, divorce? \_\_\_\_\_
8. Do you feel a need for a program within the school regarding the prevention and control of diseases; i.e. lung disease, cancer, etc.? Please comment.  
\_\_\_\_\_  
\_\_\_\_\_
9. Is sufficient notification given when there is an outbreak of a contagious disease within the school; i.e. mumps, measles, lice, scarlet fever, pinworms, etc. Please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. At this time, we do not have counseling and guidance services. Has there been a time when this type of service might have been helpful to your child (yes) (no), or other children you know (yes) (no)? Please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you feel a need for testing of each child with regard to his psychological well-being and self-image? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Has your child received the services of:  
social worker \_\_\_\_\_  
psychologist \_\_\_\_\_  
speech therapist \_\_\_\_\_

PPS Survey to District 46 Parents

13. If your answer to Question 12 is yes, please answer the following questions. If your answers pertain to more than one support person, please respond to each one separately; indicate A. for social worker, B. for psychologist, C. for speech therapist.

- a. Was diagnosis satisfactory? \_\_\_\_\_  
\_\_\_\_\_
- b. Was satisfactory help provided for your child, if needed? \_\_\_\_\_  
\_\_\_\_\_
- c. Were the results of testing presented in a manner which you could understand? \_\_\_\_\_  
\_\_\_\_\_
- d. Do you feel a reasonable period of time transpired between diagnosis and implementation of the recommended program? \_\_\_\_\_  
\_\_\_\_\_
- e. Did you feel the support personnel (social worker, etc. cooperated with your child's teacher to interpret the new program and continue the follow up? \_\_\_\_\_  
\_\_\_\_\_
- f. Also, did you feel your child's teacher cooperated with the support personnel to interpret the new program and continue the follow up? \_\_\_\_\_  
\_\_\_\_\_
- g. In what ways could the administration facilitate the efforts of the pupil personnel services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- h. In what way could these services be improved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# STERLING C.U. SCHOOL DISTRICT 5

1800 6th Avenue  
Sterling, Illinois 61081  
COUNSELING QUESTIONNAIRE

GROUP \_\_\_\_\_

(A) STRONG NEED	(B) MODERATE NEED	(C) WEAK NEED	(D) NO NEED		(A) NEED BEING MET	(B) NEED PARTIALLY BEING MET	(C) NEED NOT BEING MET	(D) PLAN TO USE SERVICE	(E) SERVICE NOT NEEDED
				1. Assistance in planning my educational program.					
				To know how to assess and evaluate my goals.					
				To know more about high school graduation requirements.					
				To receive help in selecting courses relevant to my future.					
				To find courses which are appropriate to my needs.					
				2. Information to help me understand myself.					
				To understand my abilities, interests and other characteristics.					
				To know more about my strengths & weaknesses.					
				To understand the changing roles and expectations of men and women.					
				3. Help with classroom and personal problems.					
				To have someone listen to me when I have problems.					
				To understand more about the use/abuse of drugs, including alcohol.					
				To talk about personal concerns with a counselor.					
				4. Help in relating to parents and teachers.					
				To have a better relationship with teachers.					
				To know how to get along with my family.					
				5. Assistance with post-high school vocational and education planning.					
				To know how to prepare for careers in which I am interested.					
				To know about financial aids for post-secondary education.					
				To become more aware of educational alternatives after high school.					
				To talk to a counselor about career plans.					
				6. To understand the service that a counselor provides.					
				To become more fully aware of the services available through the guidance program.					
				7. Information about job possibilities in the community and surrounding area.					
				To know more about possible careers and the world of work.					
				To explore jobs which relate to my interests and abilities.					
				To know where to start looking for a job.					
				To become more aware of the employment outlook in my high interest areas.					
				8. Assistance in becoming oriented to school (programs, activities, rules & tour of buildings, etc.)					
				To learn more about the programs at WASC.					
				To have help in orientation to SHS (rules, tour of buildings, programs, clubs, sports, etc.)					
				9. Help in learning how to make decisions.					
				To use my standardized test score to understand what I can realistically achieve.					
				To receive help in making decisions.					

WARREN TOWNSHIP HIGH SCHOOL DISTRICT 121  
500 O'Plaine Road  
Gurnee, Illinois 60031

NEEDS ASSESSMENT REPORT

Each area of Pupil Personnel is to develop a Needs Assessment Report. This report should include the strengths, weaknesses and needs for each area. From the needs assessment study, you should develop long range goals and short term objectives. Step by step breakdowns for each goal and objective should be developed, along with target dates for each area.

NEEDS ASSESSMENT

- I. Main purpose of Job.  
(State the main contribution of the job for the efficient operation of PPS and the school system).
- II. Position in Organization.  
(Responsible to and staff directly supervised).
- III. Scope of the Job.  
(Indicate your total responsibilities in terms of staff, materials, and facilities).
- IV.

Key Area	Description of Key Tasks (Main sub-division of the job)	Standards of Performance (results and targets, duties)	Method of Checking Performance	Suggestions for Performance Improvement

- V. Personal Activities.  
(List all activities actually performed by you and not delegated; items included here will be part of the Key Task Areas).
- VI. Limits of Authority.  
(Items in this section will normally concern some of the following: physical concerns, personnel and financial commitments).

## INDIVIDUAL OBJECTIVES AND IMPROVEMENT PLAN

STAFF MEMBER \_\_\_\_\_

POSITION \_\_\_\_\_

## Pupil Personnel Services

Date: \_\_\_\_\_

AREA FOR IMPROVEMENT	PROBLEM (what's wrong)	OBJECTIVES FOR CURRENT YEAR (Main and breakdown of action)	TARGET DATES	ACTION BY	OUTCOME (Results, etc.)
56					57

-78-

ALTON COMMUNITY UNIT SCHOOL DISTRICT NO. 11  
2512 Amelia Street  
Alton, Illinois 62002

Special Education Needs Assessment for 1981-1982

Public school districts are required to do an annual needs assessment in preparation for making application for Public Law 94-142 funds.

We need your response. Please return this form to Wayne Addison at the James Center by Monday, March 9, 1981.

Thank you for your help.

Name: \_\_\_\_\_  
(Optional)

Your Position:

\_\_\_\_ Parent

\_\_\_\_ Social Worker

\_\_\_\_ Superintendent or Assistant

\_\_\_\_ Psychologist

\_\_\_\_ Director

\_\_\_\_ Special Teacher - Level \_\_\_\_ Type \_\_\_\_

\_\_\_\_ Principal

\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_ Counselor

Level: \_\_\_\_\_ Elementary

\_\_\_\_\_ Secondary

"Regular" Public Law 94-142 Program

Please list priorities 1 through 4, "1" being the highest need, for the "Regular" P.L. 94-142 program for 1981-1982.

PRIORITY  
NUMBER

\_\_\_\_\_ Maintenance of P.L. 94-142 services begun in previous years and now in place. (Seven (7) teachers, five (5) aides, one (1) social worker, two (2) psychologists, one (1) nurse, one (1) supervisor/in-service coordinator)

\_\_\_\_\_ Additional Classes. Specify type(s) below.

Grade Level(s)

Type

_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Additional Support or Diagnostic Services. Specify type(s). (Occupational Therapy, Physical Therapy, Speech Therapy, Social Worker, Psychologists, etc.)

_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Other. Please specify.

_____
_____
_____
_____
_____
_____



Preschool Incentive (Early Childhood) P.L. 94-142 Program

PRIORITY      Please list priorities 1 through 4.  
NUMBER

\_\_\_\_\_ Maintain present early childhood program, three (3) early childhood  
bus aides.

\_\_\_\_\_ Additional classes.

\_\_\_\_\_ Additional support or diagnostic services. Specify type(s).

---

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\_\_\_\_\_ Other. Please specify.

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## Inservice Education and Professional Development

Based upon your observations and experience in Unit District No. 11, please rank from 1-4 in each of the following three sections what you feel to be the need for special education inservice with 1 being the highest priority.

### I. People to be inserviced:

- ☐ Regular education teacher
  - ☐ Special education teacher
  - ☐ Regular education administrator
  - ☐ Board members
  - ☐ Parents
  - ☐ Teacher aides
  - ☐ Bus drivers
  - ☐ Special Education administrators
  - ☐ Speech clinicians
  - ☐ Nurses
  - ☐ Other (specify)
- 
- 

### II. Professional development:

- ☐ Half or full day workshops in district.
  - ☐ All day workshops sponsored by other agencies. Fees and transportation, substitute provided.
  - ☐ Conferences and conventions, fees, substitutes and at least partial expenses paid.
  - ☐ Visitations to exemplary programs.
  - ☐ Observation of your program by outside consultants.
  - ☐ Other (specify)
- 
- 

### III. Topics for inservice training;

- ☐ Occupational and physical activities for use in the classroom and home.
  - ☐ Classroom management/behavior control techniques
  - ☐ Formal/informal assessment techniques
  - ☐ Preparing the IEP
  - ☐ Legal aspects of special education
  - ☐ Working with the parents of a handicapped child
  - ☐ Positive parent-teacher-student communication
  - ☐ How to accommodate the special child in a regular classroom
  - ☐ Communication techniques for staff conferences on special children
  - ☐ Other (specify)
- 
-

AURORA EAST PUBLIC SCHOOLS  
District 131  
417 Fifth Street  
Aurora, Illinois 60505

To: , Citizens of School District 131

From: Julie Vallejo, Director of Pupil Personnel Services & Needs Assessment  
Committee

Re: Special Education Needs Assessment

Public Law 94-142 provides that every handicapped child in the United States has a free, appropriate public education. The law provides monies to help achieve this goal. The district needs your help in determining how to best use these funds. Please answer the following questions and return them to the Service Center, 417 Fifth Street, Aurora, Illinois 60505 by Friday, March 20.

1. Check the special education services that you know the district offers:

- |                                                                    |                                                      |
|--------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Behavior Disorders (B.D.)                 | <input type="checkbox"/> Health Services             |
| <input type="checkbox"/> Learning Disabilities (LD) Resource       | <input type="checkbox"/> Physically Handicapped (PH) |
| <input type="checkbox"/> Learning Disabilities (LD) Self-Contained | <input type="checkbox"/> Speech and Language         |
| <input type="checkbox"/> Social Work                               | <input type="checkbox"/> Vision and Hearing Impaired |
| <input type="checkbox"/> Psychological                             | <input type="checkbox"/> Multiply Impaired Class     |
| <input type="checkbox"/> Educable Mentally Handicapped (EMH)       | <input type="checkbox"/> Pre-School                  |
| <input type="checkbox"/> Trainable Mentally Handicapped (TMH)      | <input type="checkbox"/> Parent Group                |
| <input type="checkbox"/> Educationally Handicapped (E.H.)          |                                                      |

2. Have you had contact with any of the above services? ☐ Yes ☐ No  
If yes, which ones?

3. Were you satisfied with the contact? ☐ Yes ☐ No. If no, why not?

4. Are you aware of the pre-school screening the district conducts to identify handicapped children? ☐ Yes ☐ No

5. Check the sources that have given you information about the district's special education services:

- |                                      |                                    |                                        |
|--------------------------------------|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Principal   | <input type="checkbox"/> Teacher   | <input type="checkbox"/> Other Parents |
| <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio         |
| <input type="checkbox"/> Other _____ |                                    |                                        |

6. Were there any additional special services you feel the school needs to offer?

Comments:

AURORA EAST PUBLIC SCHOOLS  
District 131  
Aurora, Illinois

To: High School and Junior High Students

From: Julie Vallejo, Director of Pupil Personnel Services  
and Needs Assessment Committee

Re: Special Education Needs Assessment

Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law provides for some funding to come to the state. To utilize these funds the district must apply to the state and document its needs. In order to determine where special education services need to be improved, please fill out the following questionnaire and return it to the Service Center by March 20.

Check the types of special education services that you are familiar with.

<input type="checkbox"/> Behavior Disorders (B.D.)	<input type="checkbox"/> Health Services
<input type="checkbox"/> Learning Disabilities (LD) Resource	<input type="checkbox"/> Physically Handicapped (PH)
<input type="checkbox"/> Social Work	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Psychological	<input type="checkbox"/> Vision and Hearing Impaired
<input type="checkbox"/> Educable Mentally Handicapped (EMH)	<input type="checkbox"/> Multiply Impaired
<input type="checkbox"/> Trainable Mentally Handicapped (TMH)	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Educationally Handicapped (E.H.)	<input type="checkbox"/> Parent group
<input type="checkbox"/> Learning Disabilities (LD) Self-Contained	

In which of the above areas do students need more services?

What other kind of special education services do you feel students need?

Signed: \_\_\_\_\_

AURORA EAST PUBLIC SCHOOLS  
District 131  
Aurora, Illinois

To: Parents of Students in District 131  
From: Julie Vallejo, Director of Pupil Personnel Services  
and Needs Assessment Committee  
Re: Special Education Needs Assessment

Public Law 94-142 provides that every handicapped child in the United States has a free, appropriate public education. The law provides monies to help achieve this goal. The district needs your help in determining how to best use these funds. Please answer the following questions and return them to school by March 20.

1. Check the special education services that you know the district offers:

<input type="checkbox"/> Behavior Disorders (B.D.)	<input type="checkbox"/> Health Services
<input type="checkbox"/> Learning Disabilities (LD) Resource	<input type="checkbox"/> Physically Handicapped (PH)
<input type="checkbox"/> Learning Disabilities (LD) Self-Contained	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Vision and Hearing Impaired
<input type="checkbox"/> Psychological	<input type="checkbox"/> Multiply Impaired Class
<input type="checkbox"/> Educable Mentally Handicapped (EMH)	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Trainable Mentally Handicapped (TMH)	<input type="checkbox"/> Parent Groups
	<input type="checkbox"/> Educationally Handicapped (E.H.)
2. Have you had contact with any of the above services? ☐ Yes ☐ No  
If yes, which one(s)?
3. Were you satisfied with the contact? ☐ Yes ☐ No. If no, Why not?
4. Do you feel your child needs any special education services that he is not receiving? ☐ Yes ☐ No. If yes, which one(s)?
5. Are you aware of the pre-school screening the district conducts to identify handicapped children? ☐ Yes ☐ No.
6. Check the sources that have given you information about the district's special education services.

<input type="checkbox"/> Principal	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other parents	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Other:	_____
7. Are there any additional special education services you feel the school needs to offer?
8. Do you feel that the general education program meets your child's needs?  
☐ Yes ☐ No

Contact:

ESCUELAS PUBLICAS DE AURORA ESTE  
Distrito 131  
Aurora, Illinois

PARA: Padres de Estudiantes del Distrito 131

DE: Julie Vallejo, Directora Personal de Servicios del Alumnado  
y el Comité para Determinar Necesidades de Educación Especial

CUESTIONARIO PARA DETERMINAR NECESIDADES DE EDUCACION ESPECIAL

La Ley Pública 94-142 provee que todo niño incapacitado en los Estados Unidos reciba educación pública, gratis y apropiada. La ley provee dinero para ayudar a lograr tal meta. El distrito necesita su ayuda para determinar la mejor manera de usar estos fondos. Por favor conteste las siguientes preguntas y devuelva esta página a la escuela para el 20 de marzo de 1981.

1. Indique los servicios de educación especial que usted sabe son ofrecidos en el distrito:  
☐ Problemas en Comportamiento - Behavior Disorders (B.D.)  
☐ Problemas en Aprendizaje - Learning Disabilities (LD), Servicios de Apoyo  
☐ Problemas en Aprendizaje - Learning Disabilities (LD), Servicios Intensos  
☐ Trabajo Social  
☐ Trabajo Psicológico  
☐ Educables Mentalmente - Educable Mentally Handicapped (EMH)  
☐ Entrenables Mentalmente - Trainable Mentally Handicapped (TMH)  
☐ Servicios para la Salud  
☐ Incapacitados Físicamente - Physically Handicapped (PH)  
☐ Lenguaje y Dicción  
☐ Problemas de Vista y Oído  
☐ Multitud de Incapacidades  
☐ Educacionalmente Incapacitados - Educationally Handicapped (E.H.)  
☐ Pre-Escolar  
☐ Grupos Parentales
2. ¿Ha tenido contacto con alguno de los servicios aquí mencionados? ☐ Sí ☐ No.  
¿Sí? ¿Cuales?
3. ¿Quedo satisfecho con este contacto? ☐ Sí ☐ No. ¿No? ¿Porqué?
4. ¿Cree usted que su hijo(a) necesita algún servicio de educación especial que no está recibiendo? ☐ Sí ☐ No. ¿Sí? ¿Cuales?
5. ¿Está usted enterado de las evaluaciones pre-escolares que el distrito conduce para identificar incapacidades en estos niños? ☐ Sí ☐ No
6. Indique como se entero sobre los servicios de educación especial que el distrito ofrece:  
☐ Director de Escuela      ☐ Maestro      ☐ Otros Padres      ☐ Periódico  
☐ Noticiero Escolar      ☐ Radio      ☐ Otro: \_\_\_\_\_
7. ¿Hay más servicios especiales que usted cree que la escuela debe de ofrecer?
8. ¿Cree usted que el programa estándar de educación satisface las necesidades de su niño(a)? ☐ Sí ☐ No

Comentarios:

From: Julie Vallejo, Director of Pupil Personnel Services  
and Needs Assessment Committee

To: Building Principals/Deans of Students

Re: Special Education Needs Assessment

As you are aware, Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law also provides for some funding to come to the states. Please complete this questionnaire in order to document that the increased special education services provided through current grant monies need to be continued next year. We are also utilizing this questionnaire to identify unmet and future special education needs. We really appreciate and need your continued support. Please return this questionnaire to Dolores Mendoza by Friday, March 20.

What types of inservice training needs do your regular teaching staff have regarding special education students?

What areas of the general education curriculum need modification to meet the needs of special education students?

Are there any other special education services that you feel are necessary to the functioning of your building?

Does your MDS team handle referrals appropriately?

Do your teachers have a working knowledge of when to make a referral?

Is the turnaround time for referral paperwork reasonable?

What types of inservice training needs do administrators have concerning special education services?

Should current district special education classes and services be continued?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

From: Julie Vallejo, Director of PPS and Needs Assessment Committee

To: Speech and Language Clinicians

Re: Special Education Needs Assessment

As you are aware, Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law also provides for some funding to come to the states. Please complete this questionnaire in order to document that the increased special education services provided through current grant monies need to be continued next year. We are also utilizing this questionnaire to identify unmet and future special education needs. We really appreciate and need your continued support. Please return this questionnaire to Dolores Mendoza by March 20.

In order to provide a continuum of special education services in the district, what additional services options need to be provided?

What kinds of inservice programs need to be offered regular teachers:

1. regarding special education students?
2. regarding students with problems who do not qualify for special education services?

Is there a need to continue the current special education classes and services now offered in the district?

☐ Yes ☐ No

What are the areas of general education curriculum that need modification to meet the needs of the special education student?

How would you prioritize the special education needs of the district as a whole?

Are there other services that you have seen work or feel are necessary to the functioning of your position? If so, please indicate on this cover sheet and return.

We would appreciate your completing this and returning it to Dolores Mendoza no later than Friday, March 20. Thank you for your cooperation. Should you have any questions, please let me know.

Signed: \_\_\_\_\_



# CLASSROOM TEACHER QUESTIONNAIRE

Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law provides for some funding to come to the state. To utilize these funds, the district must apply to the state and document its needs. Please complete this questionnaire in order to document that the increased special education services provided through current grant monies need to be continued next year. We are also utilizing this questionnaire to identify unmet and future special education needs. We really appreciate and need your continued support. Please return this questionnaire to Dolores Mendoza at the Service Center by Friday, March 20.

Check level taught: ☐ Pre-school; ☐ primary (K-3); ☐ intermediate (4-6);  
☐ Junior high (7-9); ☐ high school (10-12)

1. Check each special education service whose purpose and structure has been adequately explained to you.

<input type="checkbox"/> Behavior Disorders (B.D.)	<input type="checkbox"/> Health Services
<input type="checkbox"/> Learning Disabilities (LD) Resource	<input type="checkbox"/> Physically Handicapped (PH)
<input type="checkbox"/> Learning Disabilities (LD) Self-Contained	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Vision and Hearing Impaired
<input type="checkbox"/> Psychological	<input type="checkbox"/> Multiply Impaired Class
<input type="checkbox"/> Educable Mentally Handicapped (EMH)	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Trainable Mentally Handicapped (TMH)	<input type="checkbox"/> Parent Group
	<input type="checkbox"/> Educationally Handicapped (E.H.)

2. Check each special education service whose placement procedures and policies have been adequately explained to you.

<input type="checkbox"/> Behavior Disorders (B.D.)	<input type="checkbox"/> Health Services
<input type="checkbox"/> Learning Disabilities (LD) Resource	<input type="checkbox"/> Physically Handicapped (PH)
<input type="checkbox"/> Learning Disabilities (LD) Self-Contained	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Vision and Hearing Impaired
<input type="checkbox"/> Psychological	<input type="checkbox"/> Multiply Impaired Class
<input type="checkbox"/> Educable Mentally Handicapped (EMH)	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Trainable Mentally Handicapped (TMH)	<input type="checkbox"/> Parent Group
	<input type="checkbox"/> Educationally Handicapped (E.H.)

3. There is effective coordination between regular education teachers and special education staff. ☐ Yes ☐ No  
 If no, in what areas? Explain.

4. Check those categories of special education in which adequate services are being provided.

<input type="checkbox"/> Behavior Disorders (B.D.)	<input type="checkbox"/> Health Services
<input type="checkbox"/> Learning Disabilities (LD) Resource	<input type="checkbox"/> Physically Handicapped (PH)
<input type="checkbox"/> Learning Disabilities (LD) Self-Contained	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Vision and Hearing Impaired
<input type="checkbox"/> Psychological	<input type="checkbox"/> Multiply Impaired Class
<input type="checkbox"/> Educable Mentally Handicapped (EMH)	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Trainable Mentally Handicapped (TMH)	<input type="checkbox"/> Parent Group
	<input type="checkbox"/> Educationally Handicapped (E.H.)

5. Which of the above do you feel are in need of increased services? Why?

6. Lines of communication among students, staff and parents are adequate.  
 Students - Yes ☐ No ☐; Staff - Yes ☐ No ☐; Parents - Yes ☐ No ☐

7. Consultative services regarding special needs of students are adequate  
\_\_\_ Yes \_\_\_ No
8. Check the categories in which early identification of children with special needs are adequate.
- |                                               |                                      |
|-----------------------------------------------|--------------------------------------|
| ___ Behavior Disorders (B.D.)                 | ___ Health Services                  |
| ___ Learning Disabilities (LD) Resource       | ___ Physically Handicapped (PH)      |
| ___ Learning Disabilities (LD) Self-Contained | ___ Speech and Language              |
| ___ Social Work                               | ___ Vision and Hearing Impaired      |
| ___ Psychological                             | ___ Multiply Impaired Class          |
| ___ Educable Mentally Handicapped (EMH)       | ___ Pre-School                       |
| ___ Trainable Mentally Handicapped (TMH)      | ___ Parent Group                     |
|                                               | ___ Educationally Handicapped (E.H.) |
9. What are the areas of general education curriculum that need modification to meet the needs of the special education students?
10. What inservice training do regular education teachers need to help them meet the needs of special education in their classes?
11. There are sufficient direct diagnostic or therapeutic psychological services for students. \_\_\_ Yes \_\_\_ No
12. Psychologists adequately serve as consultants to the district regarding general mental health issues and learning problems. \_\_\_ Yes \_\_\_ No
13. The social workers adequately serve as consultants to the district regarding general mental health issues and learning problems.  
\_\_\_ Yes \_\_\_ No
14. I have adequate knowledge regarding current legal rules and regulations pertinent to special education services and the family rights act.  
\_\_\_ Yes \_\_\_ No
15. List any suggestions for improving the special education services that you have seen work or feel are necessary. (List type of service, i.e., testing, consultation, etc.)
6. Current district special education classes and services should continue to be offered. \_\_\_ Yes \_\_\_ No

Comments:

## INTER-OFFICE MEMORANDUM

**FROM:** Julie Vallejo, Director of PPS & Needs Assessment Committee  
**TO:** Special Education Teachers and Speech Therapists  
**SUBJECT:** Special Education Needs Assessment

Student input is a requirement for the special education needs assessment. Please have your students discuss the question: What in school helps you learn? (i.e., special help, special materials, etc.), and any other questions that would get at their special needs. To document this, please fill out this form and return it to Dolores Mendoza by Friday, March 20.

Date and time discussion was held:

Grade level of students:

Primary disability of students:

Suggestions and comments made by students:

Signed: \_\_\_\_\_

From: Julie Vallejo, Director of Pupil Personnel Services  
and Needs Assessment Committee

To: School Psychologists and Nurses

Re: Special Education Needs Assessment

As you are aware, Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law also provides for some funding to come to the states. Please complete this questionnaire in order to document that the increased special education services provided through current grant monies need to be continued next year. We are also utilizing this questionnaire to identify unmet and future special education needs. We really appreciate and need your continued support. Please return this questionnaire to Dolores Mendoza by Friday, March 20.

In order to provide a continuum of special education services in the district, what additional service options need to be provided?

What kinds of inservice programs need to be offered regular teachers:

1. regarding special education students?
2. regarding students with problems who do not qualify for special education services?

What are the areas of general education curriculum that need modification to meet the needs of the special education student?

How would you prioritize the special education needs of the district as a whole?

Are there other services that you have seen work or feel are necessary to the functioning of your position? If so, please indicate.

Should the current district special education classes and services be continued?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

We would appreciate your completing this and returning it to Dolores Mendoza no later than Friday, March 20. Thank you for your cooperation. Should you have any questions, please let me know.

Signed: \_\_\_\_\_

MEMO

From: Julie Vallejo, Director of PPS and Needs Assessment Committee

To: Special Education Teachers; Physically Handicapped Teachers;  
Itinerant Vision and Hearing Impaired; Social Workers

Re: Special Education Needs Assessment

As you are aware, Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law also provides for some funding to come to the states. Please complete this questionnaire in order to document that the increased special education services provided through current grant monies need to be continued next year. We are also utilizing this questionnaire to identify unmet and future special education needs. We really appreciate and need your continued support. Please return this questionnaire to D. Mendoza by March 20.

Your assistance in completing the enclosed needs assessment will be most helpful. We are requesting that you list your students down the left hand side of the attached sheet. In the columns across the page, please make an X for each program or service that student is currently receiving. Please put an O in each column that shows a service or program that the student needs but is not currently receiving. Place an X with a circle around it for service received, but of insufficient amounts.

In order to provide a continuum of special education services in the district, what additional service options need to be provided?

What kinds of inservice programs need to be offered regular teachers:

1. regarding special education students?

2. regarding students with problems who do not qualify for special education services?

Is there a need to continue the current special education classes and services now offered in the district?

☐ Yes ☐ No

What are the areas of general education curriculum that need modification to meet the needs of the special education student?

How would you prioritize the special education needs of the district as a whole?

Are there other services that you have seen work or feel are necessary to the functioning of your position? If so, please indicate on this cover sheet and return with the other form.

[illegible]

# PARENT QUESTIONNAIRE

Child's Age. \_\_\_\_\_ Sex   M     F   School \_\_\_\_\_

1. Who is answering this questionnaire?  
☐ Mother    ☐ Father    ☐ Both    ☐ Other (please name) \_\_\_\_\_
2. Does your child have any problems which make learning in school more difficult?  
☐ behavior problems                      ☐ speech and language problems  
☐ slight learning problem                  ☐ hearing problem  
☐ moderate learning problem              ☐ vision problem  
☐ severe learning problem                ☐ other problems  
☐ physical problem
3. When did you learn first about these problems?  
☐ since birth    ☐ before child entered school    ☐ after child was in school
4. Which of the following services does your child receive? (Check all that he/she gets)  
☐ Learning Disabilities Resource (LD)    ☐ physical therapist  
☐ social worker                              ☐ school psychologist  
☐ speech teacher                            ☐ occupational therapist  
☐ health services                           ☐ counselor  
☐ Pre-school (Edna Smith)                ☐ hearing teacher  
☐ Learning Disabilities (self-contained) ☐ Behavior Disorders (B.D.)  
☐ Educable Mentally Handicapped (EMH) ☐ Educationally Handicapped (E.H.)  
☐ Physically Handicapped                ☐ Vision
5. Do you feel your child really needs these services? ☐ yes ☐ not sure ☐ no
6. Do you think your child needs any other types of help? ☐ no ☐ yes  
 If yes, which ones?
7. Do you feel that your questions and concerns about your child are getting good attention in the school?  
☐ always    ☐ usually    ☐ sometimes    ☐ rarely    ☐ never
8. Have you attended school conferences in which the problems, goals, and services for your child were discussed?  
☐ many    ☐ some    ☐ a few    ☐ none
9. During these conferences were you given an opportunity to tell about what you would like for your child?  
☐ always    ☐ usually    ☐ sometimes    ☐ rarely    ☐ never
10. Do you feel that you gained more of an understanding of your child's problems in school after attending these meetings?  
☐ very much    ☐ much    ☐ somewhat    ☐ a little    ☐ not really
11. Is the language used by school people in talking to you about your child easy to understand?  
☐ always    ☐ usually    ☐ sometimes    ☐ rarely    ☐ never
12. How do you usually feel after you attended a conference?
13. Do you know what an IEP (Individualized educational program) is, was it explained to you? ☐ yes ☐ no ☐ can't remember
14. Do you want to work together with your child's teacher in writing his educational program? ☐ yes ☐ no ☐ not sure
15. Are you satisfied with the education and services your child receives this year?
16. Which of the following people do you feel would be easiest for you to talk to about the problem of your child? (check those with whom you would talk)  
☐ school psychologist    ☐ principal    ☐ counselor  
☐ regular classroom teacher    ☐ social worker    ☐ family doctor  
☐ school nurse    ☐ special class teacher    ☐ other

17. How much contact do you have with the teacher that your child receives special services from?
- ☐ about once a week      ☐ about every quarter  
☐ about every month      ☐ about once a year      ☐ never
18. In trying to learn more about your child would a regularly scheduled meeting with the teacher be helpful to you?
- ☐ very much      ☐ much      ☐ somewhat      ☐ not at all
19. What kind of information would you like to get from meetings you attend on your child? (check all those you want)
- ☐ materials your child uses      ☐ placement of child  
☐ subjects, such as reading, math, etc.      ☐ child's behavior  
☐ ways in which child is taught      ☐ future plans for your child  
☐ how child is doing      ☐ other information (please write)  
☐ how child is graded
20. Are small group meetings with other parents and school people dealing with concerns you, as a parent, have about your child's education helpful?
- ☐ very much      ☐ much      ☐ somewhat      ☐ not at all
- Have you attended any? ☐ yes      ☐ no. If yes, how many? \_\_\_\_\_
- Were the meetings helpful? ☐ yes      ☐ no
21. What kind of information would you like the school to give you? (check all those you want)
- ☐ your legal rights      ☐ your active role in the IEP planning  
☐ ideas for managing the child at home      ☐ improving communication between home  
☐ what is P.L. 94-142      ☐ and school  
☐ ideas on how to teach your child      ☐ lecture on children with special needs  
☐ other: \_\_\_\_\_
22. How would you like to get this information?
- ☐ small groups meeting at school      ☐ newsletter  
☐ individual conferences      ☐ other: \_\_\_\_\_
23. What would you like your child's teacher to do for you?
- ☐ call weekly      ☐ write letters  
☐ call only when there is a problem      ☐ hold monthly meetings  
☐ other: \_\_\_\_\_
24. What would you do to help to make the relationship between you and the school better? (check those interested in)
- ☐ attend parent meetings      ☐ volunteer work  
☐ attend individual conferences      ☐ respond to questions by mail  
☐ attend other activities (such as, open house, assemblies, shows, etc.)
25. Which of the following make it hard for you to attend a meeting concerning your child in school?
- ☐ time of meeting      ☐ do not understand what is being said  
☐ am tired of hearing complaints about      ☐ I like to attend  
☐ my child      ☐ transportation  
☐ any comments: \_\_\_\_\_
26. Did you seek opinions about your child's problems outside of the school?
- ☐ yes      ☐ no      If yes, from whom: \_\_\_\_\_

Thank you for your participation

Any other comments to make the relationship between parents and school better



# Parent Questionnaire

Edad del Niño(a) \_\_\_\_\_ Sexo ☐ M ☐ F Escuela \_\_\_\_\_

1. ¿Quien está respondiendo este cuestionario?  
☐ La Madre ☐ El Padre ☐ Los dos ☐ Otro (nombre) \_\_\_\_\_
2. ¿Tiene problemas su hijo(a) que le haga aprender más difícil en la escuela?  
☐ problemas de comportamiento ☐ problemas de lenguaje y dicción  
☐ problema ligero en aprender ☐ problema en oír  
☐ problema moderado en aprender ☐ problema de vista  
☐ problema severo en aprender ☐ otros problemas  
☐ problema físico
3. ¿Cuándo comenzo a darse cuenta de estos problemas?  
☐ desde el nacimiento ☐ antes de comenzar a ir a la escuela  
☐ después de que comenzó la escuela
4. ¿Cuales de los siguiente servicios recibe su hijo(a)? (Marque todos los que él/ella recibe)  

<input type="checkbox"/> Problemas de Aprendizaje (LD)	<input type="checkbox"/> terapia física
<input type="checkbox"/> por parte del tiempo	<input type="checkbox"/> psicológicos
<input type="checkbox"/> trabajadora social	<input type="checkbox"/> terapia ocupacional
<input type="checkbox"/> servicios de salubridad	<input type="checkbox"/> consejeros
<input type="checkbox"/> pre-escolares (Edna Smith)	<input type="checkbox"/> maestra para problemas en oír
<input type="checkbox"/> problemas de aprendizaje (salón	<input type="checkbox"/> problemas de comportamiento (BD)
<input type="checkbox"/> especial de todo el día)	<input type="checkbox"/> educables mentalmente (EMH)
<input type="checkbox"/> educacionalmente incapacitado (EH)	<input type="checkbox"/> maestra de lenguaje y dicción
<input type="checkbox"/> físicamente incapacitado (PH)	<input type="checkbox"/> Vista
5. ¿Cree usted que su hijo(a) en realidad necesita estos servicios? ☐ Sí ☐ No  
☐ No estoy seguro
6. ¿Cree usted que su hijo(a) necesita otras clases de ayuda? ☐ Sí ☐ No  
 ¿Sí? ¿Cuales?
7. ¿Cree usted que sus preocupaciones y preguntas sobre su hijo(a) reciben buena atención en la escuela?  
☐ siempre ☐ casi siempre ☐ a veces ☐ casi nunca ☐ nunca
8. ¿Ha asistido usted a conferencias en la escuela en donde se discutieron los problemas, objetivos y servicios para su hijo(a)?  
☐ muchas ☐ algunas ☐ pocas ☐ ninguna
9. ¿Le dieron a usted la oportunidad de hablar sobre lo que le gustaria para su hijo(a) durante estas conferencias?  
☐ siempre ☐ casi siempre ☐ a veces ☐ casi nunca ☐ nunca
10. ¿Se siente que comprende mejor los problemas que su hijo(a) tiene en la escuela despues de haber asistido a estas juntas?  
☐ demasiado ☐ mucho ☐ algo ☐ muy poco ☐ verdaderamente no
11. ¿Le fué fácil entender el lenguaje que el personal de la escuela usó cuando le hablarón sobre su hijo(a)?  
☐ siempre ☐ casi siempre ☐ a veces ☐ casi nunca ☐ nunca
12. ¿Como se ha sentido la mayoría de las veces después de que asistió a una conferencia?
13. ¿Sabe usted lo que es el IEP (programa educacional individualizado)? ¿Se lo fué explicado? ☐ sí ☐ no ☐ no recuerdo
14. ¿Le gustaria trabajar junto con la maestra de su hijo(a) en desarrollar su programa educacional? ☐ sí ☐ no ☐ no estoy seguro
15. ¿Está usted satisfecho con la educación y los servicios que su hijo(a) está recibiendo este año?
16. ¿De las siguiente personas, con cual cree usted que le seria más fácil hablar para discutir los problemas de su hijo(a)? (Por favor indique todas con las que usted hablaría)  

<input type="checkbox"/> psicólogo(a) de la escuela	<input type="checkbox"/> director de la escuela
<input type="checkbox"/> maestra de su salón regular	<input type="checkbox"/> consejero de la escuela
<input type="checkbox"/> enfermera de la escuela	<input type="checkbox"/> trabajadora social
<input type="checkbox"/> maestra de su clase especial	<input type="checkbox"/> médico de la familia
<input type="checkbox"/> otra	

17. ¿Cuanto contacto tiene usted con la maestra de la cual su hijo recibe los servicios especiales? (más o menos)  
☐ una vez por semana ☐ cada semestre  
☐ una vez por mes ☐ una vez al año ☐ nunca
18. ¿En deseos de saber más sobre su hijo(a) cree usted que le ayudaría tener juntas con la maestra regularmente?  
☐ sí, demasiado ☐ sí, mucho ☐ un poco ☐ no nada
19. ¿Que clase de información sobre su hijo(a) le gustaría obtener en estas juntas? (indique todo lo que le gustaría)  
☐ materiales que usa el niño ☐ el colocamiento del niño  
☐ áreas, tal como lectura, matemáticas, ☐ el comportamiento del niño  
☐ etc ☐ maneras de como enseñan al niño  
☐ que tal está funcionando el niño ☐ planes futuros para su hijo  
☐ como califican al niño ☐ alguna otra información (indíquelo por escrito)
20. ¿Acaso le sirven de ayuda a usted las juntas en grupos pequeños con otros padres y el profesorado con lo que le preocupa a usted sobre la educación de su hijo?  
☐ sí, demasiado ☐ sí, mucho ☐ un poco ☐ no nada  
 ¿Ha asistido usted a alguna de estas juntas? ☐ sí ☐ no.  
 ¿Sí? ¿Cuántas? \_\_\_\_\_ ¿Le fueron provechosas estas juntas? ☐ Sí ☐ No
21. ¿Que clase de información le gustaría recibir de la escuela? (indique todo lo que le gustaría)  
☐ sus derechos legales ☐ el papel activo en hacer planes educativos para su hijo  
☐ ideas para manejar a su hijo(a) en casa ☐ que es la Ley Pública 94-142 ☐ mejorar la comunicación entre el hogar y la escuela  
☐ ideas para como enseñar a su hijo(a) ☐ lecturas sobre niños con necesidades especiales  
☐ otro. \_\_\_\_\_
22. ¿Como le gustaría obtener esta información?  
☐ en juntas de grupos pequeños en la escuela ☐ en cartas  
☐ en conferencias individuales ☐ otro \_\_\_\_\_
23. ¿Que le gustaría que la maestra de su hijo(a) haga?  
☐ llamar semanalmente ☐ escribir cartas  
☐ llamar unicamente cuando hay un problema ☐ tener juntas mensuales  
☐ otro. \_\_\_\_\_
24. ¿Que le gustaría hacer para ayudar a formar una mejor relación entre usted y la escuela? (indique todo lo que le interesa)  
☐ asistir a juntas para padres ☐ ofrecer ayuda  
☐ asistir a conferencias individuales ☐ responder a preguntas por carta  
☐ asistir a otras actividades (como: juntas, presentaciones, asambleas, etc.)
25. ¿De lo siguiente, cuales le causan problemas para asistir a juntas concerniente a su hijo(a)?  
☐ la hora de la junta ☐ no entienden lo que se habla  
☐ está aburrido de oír quejas sobre su hijo(a) ☐ transportación  
☐ cualquier comentario \_\_\_\_\_
26. ¿Acaso le pedido opiniones afuera de la escuela sobre los problemas de su hijo(a)?  
☐ sí ☐ no. ¿Sí? ¿De quien? \_\_\_\_\_

Muchas gracias por su cooperación.

Escrita cualquier otro comentario(s) que ayuden a mejorar las relaciones entre los padres y la escuela

To: PRINCIPALS OF PRIVATE AND PAROCHIAL SCHOOLS

From: Julie Vallejo, Director of Pupil Personnel Services  
and Needs Assessment Committee

Re: Special Education Needs Assessment

Public Law 94-142 was enacted to ensure educational services to handicapped children throughout the country. The law provides for some funding to come to the district. To utilize these funds, the district must apply to the state and document its needs.

As a private or parochial educational facility, we would like your input and that of your staff, parents and students concerning special education services in our district. Please discuss the following questions with your faculties, parents, and students and return your responses to me at the Service Center, 417 Fifth Street, by March 20, 1981.

1. Do you understand the type and manner of special education services the public school is able to offer you and how to receive them?
2. Are you receiving adequate special education services from the public schools?
3. Are there any other special education services that you feel are necessary to the functioning of your building?
4. Comments:

Name: \_\_\_\_\_

School: \_\_\_\_\_

BLOOMINGTON SCHOOL DISTRICT #87  
300 East Monroe  
Bloomington, Illinois 61701

Personnel Needs

Bloomington Schools need additional staff in the following areas:

	<u>Now Existing</u>	<u>Additional Staff Needed</u>
<u>Elementary</u>		
Learning Disability		
Self Contained - - - - -	2	
Resource - - - - -	7	
Behavior Disorder		
Self Contained - - - - -	2	
Resource - - - - -		
Educable Mentally Handicapped - - - - -	4	
Transitional - - - - -	1	
Early Childhood - - - - -	1	
Aides - - - - -	2	
<u>Junior High</u>		
Learning Disability & Behavior Disorder		
Self Contained - - - - -	1	
Resource - - - - -	2	
Educable Mentally Handicapped - - - - -	2	
Aides - - - - -	1	
<u>Senior High</u>		
Learning Disability & Behavior Disorder		
Project SUCCESS - - - - -	1	
Resource - - - - -	2.5	
Educable Mentally Handicapped - - - - -	2.5	
SWEP - - - - -	1	
Alt+ School - - - - -	4	
Aides - - - - -	0	
<u>Supportive Services</u>		
Speech Therapy - - - - -	8	
Social Work - - - - -	2	
Psychological - - - - -	3	
Adaptive P.E. - - - - -	1	
Nurse - - - - -	1.5	
Counselor (Special Education) - - - - -	2.5	
Supervisor (Secondary) - - - - -	1	
Director - - - - -	1	
Other (Specify) _____		

# Needed Additional Staff (con't)

	Now Existing	Additional Staff Needed
<u>Raymond School</u>		
Teachers - - - - -	11	
Home Trainer - - - - -	1	
Principal - - - - -	1	
Supervisor - - - - -	0	
Aides - - - - -	13	
Physical Therapy Assistant - - - - -	1	
Other (Specify) _____		

## Services to be Developed or Increased

1 - High Need      2 - Some Need      3 - Little Need      4 - Do Not Know

	Priority
Ongoing Family Counseling - - - - -	
Ongoing Student Counseling - - - - -	
Teacher Consultation - Identification of Handicapped - - -	
Behavior Management - - - - -	
Materials for Handicapped - - - - -	
Least Restrictive Environment - - - - -	
Evaluation & Diagnostic - - - - -	
Screening for Retentions - - - - -	

## Instructional Materials & Equipment

The Bloomington Schools need additional resources for materials and equipment in the following areas:

1 - High Need      2 - Some Need      3 - Little Need      4 - Do Not Know

	Priority
Testing and Diagnostic Tools - - - - -	
High Interest/Low Vocabulary Library Materials - - - - -	
Career Education Materials - - - - -	
Professional Journals, Books, etc. - - - - -	
Parent Awareness - - - - -	
Audio Visual - Equipment - - - - -	
Films - Filmstrips - - - - -	
Cassettes - - - - -	

### Instructional Materials & Equipment (con't)

	Priority
Instructional Kits (specify) _____	
Student Magazines, Newspapers, etc. - - - - -	
Instructional Materials not Included in Regular Budget - - -	
Textbooks and Workbooks not Included in Regular Budget - - -	
Other Equipment Items (specify) _____	
_____	
Physical Education Equipment - - - - -	

### Inservice Needs

The Bloomington School staff need inservice training in the following areas:

1 - High Need                      2 - Some Need                      3 - Little Need                      4 - Do Not Know

	Priority
Law and the Handicapped Child - - - - -	
Follow-up on IEP Procedures - - - - -	
Developing the Least Restrictive Environment Concept - - -	
Release Time to plan the IEP's - - - - -	
Release Time to Coordinate Activities Between Regular and Special Education Teachers - - - - -	
Release Time to Coordinate Activities Between Vocational Teachers and Special Education Teachers - - - - -	
Family Counseling Service for Families of the Handicapped - -	
Skill Development for Special Education Teachers - - - - -	
Teacher Awareness and Identification Techniques - - - - -	
Awareness of the District Special Programs - - - - -	
Awareness of Community Resources - - - - -	
Information on the Referral Process - - - - -	
Teachers Role with Parents of the Handicapped - - - - -	
Parent Awareness of Available Services - - - - -	
Parent Awareness of Their Rights & Responsibilities - - - -	
Behavior Management Techniques for the Regular Teacher - - -	
Adaptive P.E. for the Handicapped - - - - -	
Development of Data Bank for Behavioral Objectives of IEP's -	
Minimal Competency Testing and the Handicapped - - - - -	
Conducting a Placement Staffing - - - - -	
Conducting an IEP Conference - - - - -	
Other (specify) _____	

SPRINGFIELD SCHOOL DISTRICT #186  
1900 West Monroe  
Springfield, Illinois 62704

DEPARTMENT OF ALTERNATIVE & SPECIAL PROGRAMS  
Needs Assessment - Support Services\*

	Function Important (check one column)	Function Not Important (check one column)	Adequate Service Currently Provided (check one column)	Service Should be Expanded (check one column)
<u>Psychological Services:</u>				
1. Individual Testing				
2. Consultation with teachers				
3. Consultation with parents				
4. In-service training				
5. Other (list) _____				
<u>Social Worker Services:</u>				
1. Casework with students				
2. Casework with parents				
3. Student assessment (case history, etc.)				
4. Crisis intervention				
5. Referral services (agencies, etc.)				
6. Other (list) _____				
<u>Health Services:</u>				
1. Maintaining health records				
2. Securing health histories				
3. Handling health emergencies				
4. Providing health education in the classroom				
5. Hearing & vision screening				
6. "Clinic" service (ill children)				
7. Other (list) _____				

\* Made in color coded groups . . . i.e. green/parents, yellow/teachers, etc.  
Comments on back, please.

## A Checklist for Designing Needs Assessment Studies\*

### A. Preparation

1. Determine the key elements of the proposed needs assessment.

- \_\_\_\_\_ Identify the purpose to be served by the needs assessment.
- \_\_\_\_\_ Before proceeding, insure that this purpose is defensible, i.e., ethical and potentially viable.
- \_\_\_\_\_ Define the client and other audiences.

2. Clarify the reasons for the study.

- \_\_\_\_\_ What are the stated reasons (e.g., selection of persons or groups to participate in a program, allocation of funds, modification of the curriculum, interpretation of program outcomes, or public relations)?
- \_\_\_\_\_ What possible unstated reasons exist (e.g., to justify a previous decision to cancel a program or to discharge certain personnel)?
- \_\_\_\_\_ Before proceeding, insure that the reasons for the study are honorable.
- \_\_\_\_\_ Decide whether a needs assessment should be done (be assured of a reasonable payoff before proceeding).

3. Make an initial approximation of the client's and audiences' information needs.

- \_\_\_\_\_ What are their questions (e.g., which students or schools most need assistance? What areas of the curriculum are most deficient? What knowledge and skills will students need after they graduate from a particular program?)?
- \_\_\_\_\_ What information do they think they need (e.g., teacher judgments, analysis of anecdotal records, test scores, and employer judgments)?

4. Secure and maintain political viability.

- \_\_\_\_\_ Involve members of key groups (such as school board members, administrators, teachers, students, and parents) in the design of the study.
- \_\_\_\_\_ Maintain communication with these groups throughout the study (through such means as a newsletter, news releases, public meetings, and an open door policy).
- \_\_\_\_\_ Determine and honor appropriate protocol (concerning such matters as entering and leaving school buildings, involving school personnel, obtaining clearance for data collection forms and procedures, and reviewing records).

\*Stufflebeam, Daniel L. Working Paper on Needs Assessment in Evaluation, The Evaluation Center, College of Education, Western Michigan University, September, 1977



5. Characterize the subject(s) of interest.

- \_\_\_\_\_ Decide on a definition of the population of interest.
- \_\_\_\_\_ Describe this population (in terms of such variables as number, age, sex, s.e.s., location, relevant experiences, and past achievements).

6. Identify other variables of interest.

- \_\_\_\_\_ What needs to be learned about the setting (e.g., its urban, rural, political, economic, and geographic character)?
- \_\_\_\_\_ What program variables are of particular interest (e.g., goals, procedures, budget, staff, and facilities)?
- \_\_\_\_\_ What outcome variables should be monitored (e.g., achievements in intellectual, emotional, physical, aesthetic, vocational, social, and moral areas)?
- \_\_\_\_\_ Are there any expected negative side effects of the program that should be monitored (e.g., potential lawsuits brought on by due process difficulties or reduced public support because of the revelation that students' needs have not been met)?
- \_\_\_\_\_ How about possible positive side effects (e.g., increased community understanding and parental involvement)?
- \_\_\_\_\_ Whose judgments about the existence and importance of needs should be obtained (e.g., those of program, staff, parents, students, and site visitors)?
- \_\_\_\_\_ What information should be obtained about costs of the program (e.g., developmental, maintenance, and opportunity costs)?
- \_\_\_\_\_ What about the intrinsic qualifications of the program (regarding especially its philosophical and conceptual adequacy)?

7. Formulate a general design for the study.

- \_\_\_\_\_ Define key terms (especially need and needs assessment).
- \_\_\_\_\_ State the primary and secondary objectives of the study (e.g., to assess and assign priorities to program goals, to select persons and institutions for compensatory service, to involve a broad reference group in goal setting, and/or to establish criteria for use in interpreting goal-free observations).
- \_\_\_\_\_ Provide a logical structure for the study (e.g., present a list of concerns and issues drawn from prior investigations, or lists of possible learner and treatment needs given an analysis of the program under study).
- \_\_\_\_\_ Describe the procedures to be used (such as surveys, document reviews, testing, forecasts, and case studies).
- \_\_\_\_\_ Summarize the standards that are viewed as appropriate for judging the study (e.g., technical adequacy, use by the client, probity, and practicality).

8. Develop a management plan.

- \_\_\_\_\_ Present a detailed schedule of procedures (including the data gathering, analysis and reporting activities).
- \_\_\_\_\_ Specify the support that will be needed to carry out the procedures (including staff, facilities, and finances).
- \_\_\_\_\_ Describe any ways in which the study will contribute to improved needs assessment practice (especially in regard to training, development, and research).

9. Summarize the formal agreements that will govern the needs assessment.

- \_\_\_\_\_ Clearly identify the parties to the agreement (including who will finance, conduct, and utilize the study).
- \_\_\_\_\_ Delineate each participant's responsibility and authority for carrying out or facilitating the various parts of the study (especially in the data collection areas).
- \_\_\_\_\_ Specify the reports and other products that are to be produced (including their format, contents, and timing).
- \_\_\_\_\_ Define the provisions covering access to data (such as a restriction against the review of personnel records or a provision for interviewing certain persons).
- \_\_\_\_\_ Specify who will have final editorial authority.
- \_\_\_\_\_ Specify who will have authority to release the final report including the conditions under which it may be released (e.g., the client may be assigned to release the report to the public, but only in an unedited form).
- \_\_\_\_\_ Present the established budget (to include the schedule of payments and specified accounting and billing procedures).
- \_\_\_\_\_ Define procedures for reviewing and renegotiating the formal agreements (e.g., if there are cost overruns in certain budget categories or if unforeseen factors make it desirable to modify the study design).

B. Implementation

1. Acquire the needed instrumentation.

- \_\_\_\_\_ Specify the sources of information (e.g., relevant files, the professional literature, the subjects, experts, policy groups, administrators, staff, the client, parents, and members of the community).
- \_\_\_\_\_ Operationalize the variables of interest (using techniques such as literature search, position papers, observation scales, rating scales, content analysis format, questionnaires, interview schedules, norm referenced tests, criterion referenced tests, and applied performance tests).
- \_\_\_\_\_ Decide what to do about critical levels for each test (e.g., it may be appropriate to decide that no advance designations are possible or desirable, or past practice or research may give direction for identifying useable cutting scores).

- \_\_\_\_\_ Select critical comparisons (such as the past or current performance of a local norm group, the past or current performance of an external norm group, or an accrediting agency's specifications).
- 2. Collect the data.
  - \_\_\_\_\_ Use appropriate sampling techniques (such as random, stratified random, matrix or systematic sampling).
  - \_\_\_\_\_ Have key groups rate the importance of the variables of interest (e.g., teachers and parents might assign ratings of essential, desirable, neutral, and dysfunctional).
  - \_\_\_\_\_ Obtain the basic data (which may include background, current status, and predicted status).
  - \_\_\_\_\_ Process the obtained data (by verifying, coding, and storing it).
- 3. Analyze and synthesize the obtained data.
  - \_\_\_\_\_ Describe the program of interest as completely as the data permit (noting especially the program's goals, design, process, costs and results).
  - \_\_\_\_\_ Describe the subjects of interest as completely as the data permit (especially in terms of their developmental levels and their attitudes toward the program).
  - \_\_\_\_\_ List the issues and concerns that are revealed in the program and student data (e.g., weak administration, unrealistic goals, lackluster teaching, poor parental support, unmotivated students, inadequate finances and unsafe conditions).
  - \_\_\_\_\_ Search out evidence that would either support or refute the identified issues and concerns (such evidence may be in interview and observation protocols previously not scrutinized or in other data that have not been analyzed in detail; or it may be necessary to collect additional data on the questions of interest).
  - \_\_\_\_\_ Perform discrepancy analyses if they are called for in the needs assessment design (e.g., such analyses may identify the percentages of students that performed above some critical level on a given instrument).
  - \_\_\_\_\_ Perform comparative analyses if they are specified in the design (these may identify the percentages of students that are observed in each decile or quartile of a norm group distribution; they may give the position of a score, mean, or median in a percentile or standard score distribution for a norm group; or they may show the relative heights of a cumulative bar graph for each subject or group of subjects).
  - \_\_\_\_\_ Perform a strengths analysis (e.g., by searching out funding opportunities, and qualified persons that are available and may be applied to the validated issues and concerns).
  - \_\_\_\_\_ Formulate conclusions and projections (e.g., these may concern realized versus unrealized objectives, met and unmet needs, treatment sufficiencies and deficiencies, desirable or undesirable side effects, used, unused and misused opportunities, problems and tradeoffs, and possible alternative futures).

4. Report the findings.

- \_\_\_\_\_ Establish appropriate reporting levels (e.g., summary, main and technical reports).
- \_\_\_\_\_ Decide on report contents (such as, purpose and design of the study, predilections of investigators, description of the program and subjects, identification and investigation of issues, discrepancy analysis, comparative analysis, strengths analysis, conclusions and projections, recommendations, limitations of the study, and the content that governed the study).
- \_\_\_\_\_ Report the findings through some appropriate media (e.g., printed reports, newspaper accounts, oral presentations, public hearings, TV and radio presentations, and socio-dramas).

C. Application

1. Assess the merit of the study.

- \_\_\_\_\_ Check its technical adequacy (on such counts as defined object, defined setting, validity, reliability, and objectivity).
- \_\_\_\_\_ Assess its probity (in terms of its full and open disclosure, contract fulfillment and conflict of interest possibilities).
- \_\_\_\_\_ Assess its utility (especially in regard to its timelines, scope, relevance, dissemination, credibility, and importance).
- \_\_\_\_\_ Assess its practicality (in regard to realistic design and cost considerations).

2. Apply the conclusions and projections.

- \_\_\_\_\_ Assist the client and other audiences to apply the findings to their particular questions (focus on the preestablished questions but also help the audiences use the data to discover and address additional concerns).
- \_\_\_\_\_ Help the audiences to make full use of the findings (e.g., to clarify objectives, set priorities, appropriate funds for development, write specifications for developmental efforts, assess program plans, assess outcome data, provide accountability reports, and to recycle the needs assessment process).
- \_\_\_\_\_ Promote the use of the needs assessment study for purposes in addition to those for which the study was done (e.g., to provide instruction in needs assessment or to assist in generating and validating new tools and strategies for needs assessment work).

ALTERNATIVE APPROACHES TO NEEDS  
ASSESSMENT IDENTIFIED IN THE LITERATURE\*

- I. Gathering Opinions and Judgments:
  - A. Key Informants (Knowledgeable individuals and experts)
  - B. Community Forums (Discussion meetings of any set of community members)
  - C. Public Hearings (With any set of lay or expert witnesses)
  - D. Community and Political Leaders
  - E. Group Processes (e.g., a semi-structured process such as the nominal group method)
- II. Collecting Service Statistics:
  - A. Utilization data and rates
  - B. Caseload and workload data
  - C. Grievance and complaint data
  - D. Wait-list data
  - E. Service data in existing Management Information Systems
- III. Epidemiological Studies (Systematic studies of the origins of problems, especially health problems)
- IV. Studies of the Incidence and Prevalence of Problems (e.g., of disease or handicapping conditions or defects)
- V. Social Indicators - Use of quantitative measures of variables, e.g., unemployment, crime, schooling, income, prices, housing, etc. NOTE: "Indicators" can be derived from descriptive sociodemographic data like census data.
- VI. Surveys:
  - A. Formal general population sample survey (these may be conducted through direct, telephone or mail questionnaire)
  - B. Formal subpopulation sample survey (e.g., of a locality, an age group or a service population)
  - C. Selective special interviews with service clients, providers, practitioners, agency officials, etc.
- VII. Secondary Analysis of Existing Studies or Sets of Organized Data
- VIII. Combinations of the Above

\*Kimmel, Wayne A. Needs Assessment: A Critical Perspective  
Office of Program Systems, Assistant Secretary for Planning  
and Evaluation, Department of Health, Education and Welfare,  
December 1977 (p. 15)

4. Central file: Mentioned earlier, this file should be a good source of needs information and parties should be urged to contribute.

5. Group discussions: Assembling small groups for their opinions regarding issues or questions is profitable. This could involve specialists (e.g., school nurse, high school special education teachers, a district's special education staff) or other interested parties such as a sample of principals, parents, students and guidance workers.

6. Individual parents and/or parent groups: Taking time to sample opinions from this source yields consumer input and can be used for public relations purposes.

7. Position papers: This approach, already used by BHASED, is encouraged. Respondents are required to state specific needs or opinions in recorded form.

8. Public hearings: This is an open approach that can be used on multifaceted issues; however, as Kimmel cautions, the "circus" approach should be avoided.

9. Follow-up studies: Good information about program effectiveness may be obtained from graduates of the system or students place out of special education. For this, it would be best to employ personal contacts.

10. Evaluation studies: Formal program evaluation studies conducted either by outside evaluators or by BHASED personnel can be helpful in identifying needs. Several good self-evaluation guides in special education are available.

11. Statistical analysis: Although suspect in many ways, head-count disparities related to estimated prevalence figures can be revealing.

12. IEP analysis: A prime source of information for need of services may be available in these documents. Some systematic way of obtaining this data should be developed. Also of interest would be information not recorded in an IEP, even though needed, because a service was not available. This might be the type of data that staff consultants or others present at the staffings could contribute to the central file.

13. Retreats: Although not formally a data-collection technique, the bringing together of knowledgeable people away from their everyday environment to spend time focused on a problem or issue can produce very good evaluation and needs information.

14. Consultants: Another useful source of data can be the use of knowledgeable parties outside of the system. Many times these personnel can lend expertise, objectivity and knowledge of the experiences of others that may be useful.

This list is not complete but does have a great deal of potential for information collection by BHASED program developers. It must be reiterated, however, that isolated techniques and procedures without benefit of clear pre-planning and defensible goals do not solve problems and may contribute to the appearance of others.

#### Summary

After reviewing information assembled from the sources of inquiry, it was apparent that there was no single model or planning strategy that would fit BHASED's current status. The more reasonable solution appears to suggest the formation of an organization body, a Program Development Council, which could be charged with and equipped to deal with BHASED's program planning endeavors. This appointed

advisory group would, in effect, function as a research and development arm of the organization. Guidelines for setting this proposal into motion have been outlined; these are primarily based upon information gathered during the research phase of the study. In addition, procedures involving the design of a model comprehensive program for BHASED, a means to determine discrepancies between present program status and this model, and a method for dealing with these discrepancies on a short- and long-term basis were suggested. These included techniques for performing needs assessment and facilitative arrangements to obtain information required for planning.